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ABSTRACT

This document comprises the two 2001 issues of a UNESCO newsletter addressing topics related to adolescent well-being in the Asia-Pacific region, particularly reproductive and sexual health. Each issue contains news from the region on various initiatives related to adolescent health and education, as well as Web links and publications on the subject. Countries covered in the two issues include Bangladesh, Cambodia, Central Asia Republics, China, India, Iran, Malaysia, Mongolia, Philippines, Sri Lanka, Thailand, Lao PDR, Nepal, Pakistan, and Vietnam. The brief articles provide various statistics, program descriptions, guidelines, concerns, and recommendations related to improving adolescent reproductive health and general well-being in this region. (EV)

Adolescence Education Newsletter, 2001.

**Carmelita L. Villanueva and Lichelle Dara
Espada-Carlos, Editors**

**Regional Clearing House on Population
Education and Communication of UNESCO
Principal Regional Office for Asia and the
Pacific**

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ADOLESCENCE EDUCATION NEWSLETTER

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New and Recent Publications



LEARN FROM 14 COUNTRIES

Gain the support of various sectors on adolescent reproductive and sexual health. Generate useful programme recommendations. Deliver effective counselling, health care, and information services. Strengthen service support systems.

To find out how different countries did these, turn to page 19.

Asia Pacific Conference: Nations join hands for reproductive health

From 37 countries across Asia, Oceania, Pacific Islands, North America, Africa, Middle East, Latin America and Europe, 1,390 delegates attended the First Asia Pacific Conference on Reproductive Health (APCRH).

The reproductive health (RH) issue is particularly important to the region – home to half of the world's population.

The conference was held on February 15-19, 2001 at the Philippine Trade Training Centre in Manila, Philippines.

This was by far the largest gathering of government and NGO sectors representing policymakers, community partners, clients, programme managers, health

professionals, social scientists, the youth, donor agencies and others in the field of reproductive health in the Asia Pacific region.

The conference aimed to help RH stakeholders exchange ideas and experiences as well as build consensus and collaborative relationships to improve the quality of RH and life in the region.

In line with the conference objectives, more than 1,300 delegates adopted the Manila Declaration (see box) and representatives from various organisations formed an alliance for reproductive health and rights.

The APCRH draws its framework from the 1994 International Conference on Population and Development (ICPD) in Cairo, which changed the way nations perceive gender and population programmes.

Held every ten years, the ICPD has persisted for about three decades now. But in the past, the perspective to population and development was on control and management of fertility in response to a rapidly growing population especially in developing nations.

With the turn of events worldwide, the 1994 ICPD took a historic bend toward sustainable development, human rights, and gender equity and equality. This influenced the ICPD Programme of Action to underscore the individual's right to the highest standard of health and the need to provide holistic reproductive health services.

The next APCRH will be held in 2002. The venue is yet to be decided as China, India, Pakistan and Thailand have signified intentions of hosting the next conference. ♦

In Brief: Manila Declaration on raising the quality of reproductive health in the Asia Pacific region

The document:

- recognised cultural diversity as a strong foundation for progress.
- viewed gender inequity as a major setback to the quality of reproductive health services, with serious consequences among adolescents.
- laid down five principles upholding gender equity as the foundation for improving reproductive health.
- declared six elements for promotion of reproductive health.

The six-point declaration:

- addressed the promotion of gender equity as the basis for improving reproductive health.
- invoked governments to prioritise elimination of gender inequity.
- urged public identification of and remedy to gender-inequitable socio-cultural, legal and religious practices.
- invoked governments to increase resources for elimination of gender inequity.
- committed to build collaborative relationships among stakeholders of reproductive health quality.
- expressed formation of a network of NGOs and individuals to ensure implementation of the ICPD Programme of Action.

APCRH, February 18, 2001

UNESCO PROAP shares ARH education with Iranians

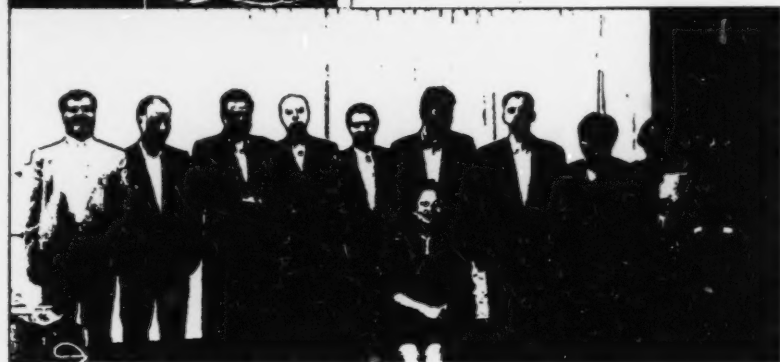
As part of their study visit to Thailand, Members of the Parliament and top-level officials from the Islamic Republic of Iran were briefed on the Adolescent Reproductive and Sexual Health Education Programmes of UNESCO on March 26, 2001.

Ms. Carmelita L. Villanueva, the Chief of PROAP Information Programmes and Services and Reional Clearing House on Population Education, introduced what 14 countries have accomplished in addressing adolescent reproductive and sexual health problems and issues. She gave an overview of the demographic profile and problems of adolescents in the region. She described policies and programmes addressing the problems, focusing on specific strategies used in information, education and communication and advocacy work to promote adolescent reproductive health (ARH) messages. The lessons learned and the successful strategies were presented to the officials for their consideration.

Ms. Villanueva also stressed the need for many countries, including Iran, to undertake more efforts to advocate ARH issues and goals and employ more innovative IEC strategies and techniques for communicating



The delegation of Iranian Parliamentarians led by Hon. Mohammad Asgari, Deputy Minister of Education, learns of UNESCO PROAP experience on adolescent reproductive health programmes and responses.



ARH messages. She said UNESCO is collecting ARH laws and policies to be repackaged and disseminated to parliamentarians in the region.

The "Study Visit of Iranian Parliamentarians on Advocacy for Reproductive Health Including Adolescent Health Issues through Formal Education System" was conducted on March 25-30, 2001 as part of the initiative to establish a population commission in the Parliament. It was organised under

Project IRA/00/P02 by UNFPA-Iran and the Asian Forum of Parliamentarians on Population and Development (AFPPD) in cooperation with the Family Planning and Population Division of the Ministry of Public Health, Thailand and the Planned Parenthood Association of Thailand (PPAT).

The members of the visiting team also met with other agencies in Bangkok as well as Songkhla and Pattani provinces. ♦

Capacity buliding project kicks off in JOICFP workshop

Fifteen participants from Bangladesh, Cambodia, Myanmar, and the Philippines came together in a Regional Technical Workshop to develop guidelines on how the UNFPA-funded Project RAS/00/P06 (Strengthening of National Capacity for RH/IEC and Advocacy through Community-based RH/FP Programme) executed by JOICFP can be implemented in this current programme cycle.

Held at JOICFP Headquarters in Tokyo on January 15-17, 2001, the workshop aimed to: (i) forge understanding among participants and organisations involved in the project; (ii) develop guidelines for implementing activities; (iii) formulate the overall action plan and time frame; and (iv) share experiences in implementing RH/IEC strategies in community-based programmes.

During the workshop, the experiences of Bangladesh and the Philippines on Japan-born IEC strategies for community-based reproductive health and family planning (RH/FP) programmes were presented.

JOICFP shared its IEC tools, materials, and strategies such as "APPRODUCTION" (appropriate technology for production). This

provides institutions the capacity to implement IEC activities that best fit the country needs and situation.

Resource persons were also invited to share their experiences and ideas. They included representatives

from the UNFPA Country Support Teams of Bangkok and Kathmandu as well as IPPF of East and Southeast Asia and the Oceania Region (ESEAOR) and South Asia Region (SAR).

Guidelines for needs assessment

in Myanmar and Cambodia were formulated based on their presentations of their country situations. Guidelines for documentation in Bangladesh and the Philippines were drawn as well. ♦

JOICFP embarks on adolescent reproductive health strategies

The Japanese Organisation for International Cooperation in Family Planning (JOICFP), in close collaboration with the International Planned Parenthood Foundation (IPPF), is implementing Project RAS/00/P05: Strategies for Sexual and Reproductive Health of Adolescents and Youth from September 2000 to December 2003.

The project is executed under the Reproductive Health (RH) Sub-programme of the UNFPA Regional Programme for Asia and the Pacific (2000-2003). As a component of a subprogramme with five major outputs, the project addresses Output Two, an increased understanding of reproductive and sexual health behaviour of adolescents and youth and development of viable programme modalities for addressing adolescent RH.

At least ten selected countries from East, Southeast and South Asia are participating in the following key regional activities of the project:

1 A small-scale research on adolescent sexual and reproductive health behaviour in selected countries, namely Malaysia,

Nepal and Sri Lanka, will establish cross-culturally comparable data and subsequently, recommendations on special needs of adolescents and youth.

2 Documentation of ARH care experience will include an inventory of adolescent reproductive health (ARH) success programmes in the region and lessons learned from failures.

3 Pilot testing will involve development of ARH service models and IEC and counselling package on sexuality based on the outcome of the first two key activities of the project. Models will be tested in the three selected countries.

4 Regional workshops held in series will facilitate sharing and identification of practical programme strategies and approaches among the participating countries. A website will also be created to help exchange information and disseminate model strategies to a wider audience.

Workshop launches model

A basic model of an ARH programme strategy was formulated during the Planning Workshop of

Project RAS/00/P05 held at JOICFP Headquarters in Tokyo on January 18-20, 2001.

The participants drew the model from a community-based ARH programme in the Philippines, the ongoing regional and national ARH programmes, and the projects presented by the four participating countries. Guidelines for model strategies and modalities for pilot testing were developed, laying down the groundwork for the first regional workshop, which will be attended by ten countries in 2001.

The seven-session workshop discussed and formulated the overall framework for implementing key regional activities. The collaborating mechanism among participating agencies were also discussed in preparation for the first Advisory Committee Meeting of JOICFP, IPPF, national implementing agencies, UNFPA, and UNFPA Country Support Teams of Bangkok and Kathmandu.

At the end of the workshop, JOICFP had the chance to share the "Maggie Apron" – a teaching tool that illustrates the female reproductive system, contraceptive use and stages of pregnancy.

Ten participants from Indonesia, Malaysia, Nepal and Sri Lanka attended the workshop. Resource persons came from the UNFPA Country Support Teams, IPPF East and Southeast Asia and the Oceania Region (IPPF/ESEAOR), and IPPF South Asia Region (IPPF/SAR). ♦



What's
new?

Changes perk up UNESCO ARSH website



The massive overhaul and expansion of the Adolescent Reproductive and Sexual Health (ARSH) website at <http://www.unescobkk.org/infores/arh-web> will promise users a haven of research and full-text information coming from all corners of the Internet. The new website will serve as a virtual resource for researchers on aspects of adolescent reproductive health ranging from programme approaches and strategies, youth-friendly health services to actual lessons on sexuality education. This one-stop information shop will benefit policymakers, managers, curriculum developers, and IEC and advocacy personnel who do not have the time to surf the Net.

What are the added features to be expected?

(i) More case studies from seven countries – Cambodia, China, India, Lao PDR, Maldives, Nepal and Vietnam – will be added. These describe national experiences in implementing programmes on IEC and advocacy for adolescent reproductive and sexual health. Currently, the website includes case studies from Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

(ii) The new three-part regional synthesis integrating all 14 case studies above will be uploaded to replace the initial publication, which covered only seven countries.

(iii) A newly created section will link substantive full-text articles with

permission from other websites. For easier navigation, these will be grouped into topics: adolescent reproductive policies, laws and rights, gender issues, demographic and RH profile of adolescents, needs assessment, programme approaches, monitoring and evaluation, adolescent pregnancy prevention and abortion, contraceptives for adolescents, advocacy strategies, counselling, communication, linking schools with health services, youth-friendly health services, sexuality education programmes and approaches, youth and STD/HIV/AIDS and peer approach.

(iv) Another section will compile ready-made lessons and teaching or learning materials from various sources as a resource pool for curriculum developers, teachers, and trainers. Contents will be searchable

under topics such as human and sexual development, relationships, sexual behaviour, reproductive health, personal life skills, and society and culture.

(v) The existing *Links* section, a collection of ARH websites maintained by other organisations, will be updated to increase direct links to external websites. An online form may be filled in by those interested to have their websites added to the list.

(vi) The new interactive feature of the UNESCO ARSH website will allow users to submit online their own articles and publications, latest news and events, and relevant photographs in addition to their website information and location.

(vii) Other added sections of interest will include a photo library and a searchable database of materials on ARH, focusing on IEC and advocacy materials produced from Asia Pacific and Western countries.

The existing *News* section will remain dynamic, carrying news and events regularly updated from contributions by implementers of ARSH programmes and activities in the Asia Pacific region. ♦

Coming
up:

Training on ARSH campaign

The Development Consultants for Asia Africa Pacific (DCAAP) is organising a course on Managing IEC/Advocacy Campaign on Adolescent Reproductive and Sexual Health from 30 July – 24 August 2001. The course is designed for programme or project managers, planners and health educators. The course fee is US \$2,400. For more information, refer to <http://www.unescobkk.org/infores/arh-web/arhnews/dcaap.htm> or e-mail to dcaap@pacific.net.ph ♦

BANGLADESH

Communication programme advocates reproductive health and gender issues

The role of advocacy and communication in the success of development programmes like reproductive health and gender equity has always been acknowledged by policymakers, planners, programme personnel and donors. It is in this light that a project entitled "Advocacy of Reproductive Health and Gender Issues" through Department of Mass Communication" was approved by UNFPA in line with the 1994 ICPD Programme of Action. The project is being implemented by the Department of Mass Communication under the Reproductive Health Subprogramme of Bangladesh.

The four-year communication and motivation project began its activities in July 1999. Since it started, the project has been implemented in 256 sub-districts, covering 60 per cent of the total geographic area of Bangladesh.

The project features the involvement of community leaders, including the religious sector, elected local government officials, school-teachers, NGO workers and social workers. The project conducts regular activities using interpersonal communication (IPC) techniques such as community meeting, courtyard meeting, folksong, orientation, audiocassette playing, IEC materials distribution, street announcement, rallies, debate, speech competition, and others. These methods accelerated project activities and promoted widespread dissemination of adoles-

cent reproductive and sexual health messages to a target audience of seven million, a quarter of whom are women and a tenth are school children.

The project aims to improve the knowledge, attitude and skills related to adolescent reproductive and sexual health, thereby achieving the targeted contraceptive prevalence rate of 70 per cent by 2003 from the current rate of 50 per cent. It also aims to help prevent premarital sex, drug addiction, and early marriage as well as increase knowledge on nutrition and STDs/HIV. ♦



Stage plays and school campaigns communicate reproductive health.

CAMBODIA

Goodwill Ambassador reaches out to youth and women

Dr. Chea Samnang, the Cambodian doctor and actor named by the United Nations Population Fund (UNFPA) as its Goodwill Ambassador for Cambodia, has actively taken part in youth and women events nationwide.

The star of a variety of educational drama series on sexual and reproductive health, HIV/AIDS and

women's empowerment, the 29-year old Ambassador is a prominent figure in the fight to make Cambodia's youth aware of the dangers of HIV/AIDS and how to prevent it. His role is crucial as Cambodia recorded the highest level of infections among Asian countries in 1999.

The new Goodwill Ambassador joined the Cambodia Youth Camp the

whole day of March 21, 2001 to deliver messages on HIV/AIDS prevention and condom use. He encouraged the participants to share with other youth in their communities new knowledge and skills gained from the camp. He interacted with the youth in group discussions, Karaoke sessions, traditional song and dance performances, mountain climbing, and other activities.

The camp was organised by a group of NGOs on March 19-23, 2001 in Sihanouk Ville as part of the EC/UNFPA Youth Reproductive Health Programme. A group of 106 youths aged 15-24 came from 13 provinces and joined participatory education sessions on life skills orientation, STDs, HIV/AIDS, birth spacing, gender, and child rights. The camp aimed to raise awareness, create positive behaviour change, and advocate youth sexual and reproductive health issues in Cambodia.

The UNFPA Goodwill Ambassador for Cambodia was also an honoured guest and speaker during the celebration of International Women's Day on March 8, 2001 in Niroud Pagoda, Phnom Penh. The event was organised by the Minister of Women's and Veterans' Affairs around the theme, "Building Together a Society Free of Violence Against Women".

In his message, Dr. Chea Samnang urged men to stop violence against women as it destroys their health and the socio-economic well-being of the family and the nation. He appealed to the government, especially local authorities, to take action in punishing the perpetrators of violence against women. He raised that an equally shared decision-making opportunity between men and women in the family and in society is the key to ending such violence.



Dr. Chea Samnang, UNFPA Goodwill Ambassador, adds depth and colour to the Cambodia Youth Camp (top) and the International Women's Day celebration (bottom) in 2000.

The Goodwill Ambassador works with UNFPA, which manages and oversees the implementation of the EC/UNFPA Initiative for Reproductive Health (RHI) in Cambodia. This multi-party programme combines the expertise of more than 80 NGOs committed towards improving the sexual and reproductive health of underserved populations. The programme operates in Bangladesh,

Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Vietnam.

In Cambodia, the RHI has eight projects that target young people in urban and rural areas. Approaches range from peer education, radio programmes to education in workplaces and schools as well as youth-friendly reproductive health services. ♦

CENTRAL ASIA REPUBLICS

UNESCO Almaty promotes HIV/AIDS prevention

A series of strategies are currently implemented to address the problem on STI/HIV/AIDS in the Central Asia Republics. Led by UNESCO Almaty Office, together with partners such as UNFPA, UNICEF, UNAIDS, UNOCDDP, an inter-agency approach is employed to deal with the multi-faceted problems on HIV/AIDS.

In 1999, UNESCO Almaty developed an IEC training package on HIV/AIDS and STI prevention for youth NGOs within the framework of Project 207KAZ40, STI/HIV/AIDS Awareness: A National Healthy Lifestyles Advocacy and Education Campaign in Kazakhstan. The package has been subsequently used in training and disseminated to national AIDS centres

in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. A number of training courses were conducted in Kazakhstan and Turkmenistan.

In December 2000, a three-day training programme on STI, HIV/AIDS prevention was conducted by UNESCO Almaty and the Republican AIDS

Centre in Uzbekistan. Twenty youth members of national NGOs with networks throughout the country were trained. During a participatory workshop, youths worked together to discuss HIV/AIDS and issues on prevention, human rights and resource facilities. Peer counselling proved to be an effective method of disseminating information to the youth around the world.

With their beneficiaries' participation, information materials for youth have been developed as part of the UNESCO Project entitled "STI, HIV, AIDS Awareness: A National Information, Advocacy and Awareness Campaign in Uzbekistan".

Along with the City AIDS Centre of Kazakhstan, UNESCO Almaty has also developed and disseminated 4,000 copies of an information

brochure for commercial sex workers (CSWs) and 3000 information brochures for youth. The brochure aimed to inform CSWs of safer options and their rights. It is available in Russian and has been disseminated in Kazakhstan, Kyrgyzstan, Uzbekistan and Turkmenistan.

UNESCO Almaty has been active in working with donors (UNICEF, UNAIDS UNOCDDP and UNFPA) and national partners (Republican AIDS Centres and City AIDS Centres) in STI/HIV/AIDS awareness activities throughout Central Asia and in Georgia. Activities included a safe sex campaign at selected truck stop points in Central Asia, a concert for youth in Georgia, and three concerts for youth in Kazakhstan.

Other activities were geared toward the use of mass media for

information campaign:

In Georgia, twenty radio DJs and production managers were trained in HIV/AIDS radio spot production.

Through joint efforts of UNESCO, UNAIDS and UNICEF, the quarterly magazine, *Into Focus*, has been produced in Russian and English to report activities on HIV/AIDS in Central Asia. The newsletter is available online at <http://www.unesco.kz>.

In its Autumn 2000 issue (No. 47-48), the UNFPA/WHO magazine *Entre Nous* (the European Magazine for Sexual and Reproductive Health) published the article entitled "Central Asia and Caucasus - Collaborative HIV/AIDS Awareness Activities" to highlight the progress of the work done in the region. ♦

CHINA

Education material explains adolescence and sexuality

Young people in China can now find out about the adolescent period, sexual matters and more from the "Teaching Material for Sex Education, Adolescents' Guideline".

The Department of Information, Education and Communication of the State Family Planning Commission recently issued the booklet under Project CPR/98/P01. Published in Chinese, it includes 12 short chapters that discuss the reproductive process, physiological and psychological changes accompanying adolescence, contraception, STD/HIV/AIDS prevention, and others.

Colourful graphics and pictures (e.g., contraceptives and STD symptoms) have been added within the pages to give reality to the information provided. A quiz is included to review the important concepts presented. Practical responses are suggested on a realm of experiences throughout adolescence.

A treat to readers, compositions featured at the end of the material paint the emotion of love as seen in the eyes of two adolescents.

An English translation of the booklet is on its way and adolescents outside China may soon expect to benefit from the material as well. ♦



WBVHA adopts school-based approach to adolescence health education

The West Bengal Voluntary Health Association (WBVHA) has taken the challenge of introducing its Adolescence Health Education project to 120 schools, 80 teachers, and 7,200 students in four districts of West Bengal – Calcutta, Bankura, Darjeeling, and Dakshin Dinajpur. By popular demand from parents, teachers, students and NGOs, WBVHA is expanding its experience in school-based health promotion beyond the coverage of HIV/AIDS and Malaria Prevention and Control.

The WBVHA project aims to add knowledge and skills on adolescence problems and management through an effective and sustainable intervention. Through its project, WBVHA emphasises the importance of personal hygiene, cleanliness, nutrition, understanding psycho-physiological changes during adolescence, counselling for adolescents, self-esteem, life skills, reproductive health and HIV/AIDS, gender issues, healthy living, and integration of peers, elder students, teachers, and guardians in managing adolescence problems.

A peek at project progress

The KAP (Knowledge, Attitude, and Practice) survey of students in four districts has been completed and is about to be published. Many IEC materials have been developed including a video on adolescence. Soon, poster and drama contests among students will be held and tree plantation will be in full flow.

Nine representatives from the District Health Resource Centres have attended the five-day Capacity Building Training Programme on September 4-8, 2000 to improve



Students, parents, school teachers and administrators of Tollygunge Girls' High School participate in WBVHA orientation programmes on adolescence education.

project implementation in their districts.

In Calcutta, two teachers from each of ten participating schools have joined a two-day sensitisation workshop on adolescence care in November 2000. A total of 622 students from the ten schools took part in one-day Orientation Training Programmes on adolescence health issues held in November to December 2000.

A model school makes its mark

A model school for the project is being developed in each of the districts. Excellent rapport and performance, eagerness of teachers, school authorities and students as well as ideal facilities prompted WBVHA to choose Tollygunge Girls' High School as its model school for

adolescence health education promotion in Calcutta.

The High School has formed a student core group from Class XI. With proper training, the group will be able to organise programmes on adolescence health for students in 20 schools, slum dwellers, and school dropouts.

Within its premises, the school has done many activities under the project: orientation lectures on personal hygiene and basic health issues for students; formation of teachers' forum; adolescence sensitisation meeting and orientation programme for parents; formation of parents' forum; putting up posters with health and nutrition messages; cleaning of school campus; and establishment of a health library. ♦

Survey results call for intense IEC efforts among youth

Low trends in reproductive health knowledge came out from a national survey conducted among young Laotians in 1999. These seriously compel IEC programmes to be developed as a response.

The Adolescent Reproductive Health Survey was done by the Lao People's Revolutionary Youth Union and executed by the Japanese Organisation for International Cooperation in Family Planning (JOICFP). Collected from 3,000 households in 18 areas and 1,560 young people aged 15-25, the data from the survey could help programme managers, policymakers and others develop approaches that meet the needs of young people. The major findings are highlighted below.

Knowledge on reproductive health issues is generally low.

More than half of young Laotians were not aware of contraception methods, condom use, sexually transmitted diseases, and harmful

drugs (see chart below). But about a quarter of them had some knowledge on HIV/AIDS and the danger of induced abortion.

The young people's major sources of information were persons close to them (friends, family, relatives), followed by the mass media (TV and radio). Seldom was information received from health workers (7.0 per cent in the case of HIV/AIDS information).



Discrepancies in knowledge exist between sub-groups.

In most cases, knowledge rates were greater among: (i) youth in urban than in rural areas, (ii) those who were educated than those who were not, (iii) those in the agriculture sector than in other groups (government/private sector or students), and (iv) those in higher age brackets (aged 20-25) than in lower brackets (aged 15-19).

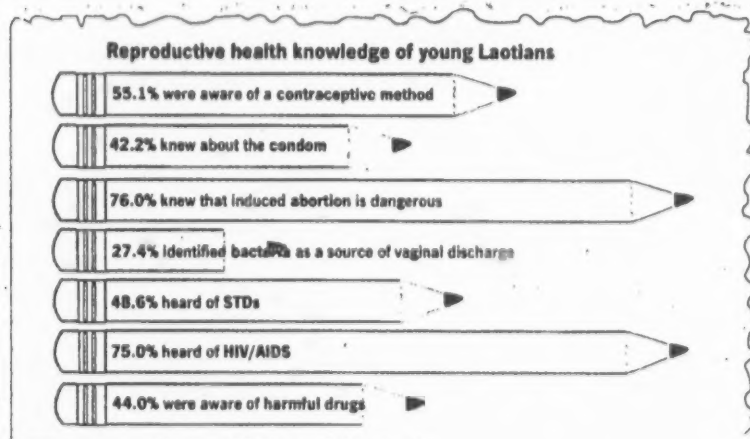
Drug abuse and sex are not widespread.

Use of harmful drugs (1.8 per cent) as well as experience in sex (8.2 per cent) among young people was low. More than half (54.0 per cent) were not in favour of premarital sex. A great majority (80.0 per cent) expressed that sex without consent or sexual harassment is not socially acceptable.

Of those who engaged in sex, 60 per cent had their first experience with their girlfriends or boyfriends and 62.5 per cent had sex in homes. The incidence of sexual intercourse with bar girls is 5.0 per cent among all young men.

Contraceptive use is low.

Since only 5.4 per cent of all young people had used contraceptives, it appears that a considerable number of those who had had sex did not use a method of contraception. Among the available methods, the condom was the most popularly known (50.4 per cent) and used (3.1 per cent), with the majority of users obtaining their supplies from pharmacies.



What can be done?

Special IEC programmes have to be designed, with emphasis on the effective use of mass media, particularly radio and TV, and interpersonal communication to improve adolescent reproductive health knowledge.

Friendly reproductive health services for adolescents should be encouraged to reduce pregnancies out-of-wedlock and the spread of STD/HIV/AIDS. Although premarital sex is not common, the possibility of rising unsafe sexual relations among the youth, bar girls in particular, must be

addressed through programmes that counteract these issues.

Future surveys should investigate the wide differences among population sub-groups particularly the uneducated, the minority and the poor. ♦

Adolescent Drop-in Centre rolls into operation

Funded by EC/UNFPA, the Drop-in Centre was recently opened by the Save the Children Fund (UK) and the Vientiane Municipality Women's Union.

The youth can come to the Centre to enjoy concerts and performances or even take part in a comedy competition or a play. Groups of friends can drop by to chat over coffee, tea or a bowl of noodles. They can take up drawing, painting and art classes for pleasure.

Beyond its social and recreational facilities, the Centre has more to offer: It provides information on a range of issues such as reproductive physiology, STD/HIV/AIDS and how to prevent risky behaviours, parenting skills and family planning, life skills, and gender-sensitive behaviour. Basic reproductive health services and counselling are also available.

To support the varied needs of the adolescents, the Centre maintains two counselling rooms, one Anonymous Clinic, one meeting room, a library where art classes are also held, and a vocational and technical training room. Since its establishment last month, around 34 youth clients have come to consult the doctors at the Anonymous Clinic.

Youth volunteers man the Centre. They had been trained on various aspects of counselling and working with adolescents using a peer approach. Their training dealt with identifying sexual health issues, personal values, self-esteem, relationships, gender and sexual

health, sex behaviour, adolescent reproductive system, teenage pregnancy, contraceptive methods, STDs/HIV/AIDS, harmful substances, nutrition, and keeping healthy and avoiding risky behaviours. ♦

*Find friends, food, fun
and service at the
Adolescent
Drop-in Centre.*



The Adolescent Drop-in Centre has a string of activities and services for the youth.

Studies press to promote adolescent reproductive health

Many studies completed by national agencies and NGOs between 1995 to 1999 disclosed the need to improve the reproductive health and sexuality (RSH) status of Mongolian adolescents. The general findings, summarised by the Adolescent Reproductive Health Project of the Mongolian Medical University in Ulaanbaatar, urge for a response inasmuch as a quarter (numbering 562,753) of the country population belong to the 10-19 age group.

Sex and risky sexual behaviour are common among adolescents.

The majority of girls and boys think that premarital sex is acceptable. The incidence of sexual intercourse among adolescents aged 17-18 increased from 26 per cent based on a study in 1995 to 35 per cent based on another study in 1999. While the women reportedly had sex to express love (44 per cent), the men had sex out of curiosity and for pleasure (56 per cent).

First sex experiences among those aged 11-18 were largely unprotected from pregnancy (64 per cent).

Adolescents have insufficient knowledge and inaccurate information sources on RSH.

A recent survey found that 87 per cent of adolescents had insufficient knowledge about reproductive health and sexuality and 98 per cent of the respondents had poor decision-making and communication skills in the related area.

Most adolescents got their RSH information from friends (66 per cent) and other sources that were not always accurate. TV and newspapers

were also commonly named sources of information.

Strategic sources of information such as parents and teachers said they were unable to talk about adolescent RSH owing to their own poor knowledge of sexuality. Besides, a great majority of boys (80 per cent) and girls (76 per cent) felt uncomfortable in discussing sexuality with their parents. They (90 per cent of boys and 76 per cent of girls) never talked about pregnancy prevention with their family members.

Poor knowledge and skills have a negative impact on adolescent reproductive health.

Should they engage in sex, almost half of teenagers cited to use the ineffective calendar method for pregnancy prevention. A quarter did not know any methods of contraception.

It is no wonder that the birth rate among adolescent women has increased over the past ten years while that for women aged 20-34 has declined over the past twenty years. In 1998, nearly a tenth of women aged 15-19 had given birth. The birth rate among teenage girls in rural areas is twice that in urban areas, with the southern region having the highest rate (26 per cent).

The negative effects of teenage pregnancy are taking their toll: Deaths due to pregnancy and childbirth among women aged 19 or younger numbered eight per cent of the 217 cases from 1996 to 1998. Nearly half (43 per cent) of teenage pregnancies in 1995 were unwanted. In 1998, abortions among women below the age of 20 reached 506 in government clinics alone. This excludes cases in private clinics.

Sexually transmitted infections (STIs) are at a staggering rate of 48 to 52 per cent among adolescents or youth below 25 years old, according to the Ministry of Health and Social Welfare's statistics derived from non-private clinics alone. Among those aged 15-24, rates of gonorrhoea increased 2.6-fold and trichomonas 4.0-fold between 1983 and 1995. The rate of syphilis was 1.5-3.0 times higher among 15-24 year olds than among other age groups.

Half of the respondents in a survey believed incorrectly that symptoms of STIs disappear by themselves, ignoring the need for doctors and the risk of serious health consequences. A tenth of the respondents said they would treat themselves.

Between 1995 and August 1998, 393 rape victims aged 0-18 underwent STI/HIV testing at the Infectious Disease Hospital. Of these, 76 per cent were teenagers between the ages of 11-18. Five of the girls were found pregnant.

Adolescents seek access to educational programmes and services.

More than two thirds of adolescents said they do not get enough information on STI/HIV prevention and pregnancy prevention. Most (92 per cent) wanted to know more about sexuality. The vast majority prefer to receive accurate and relevant information through a school-based programme.

Teenagers also said they lacked a health facility that offers reproductive health services and counselling based on their specific needs. ♦

Students win peers for sexual health

Peer educators are crowned the real winners of a peer education programme in Mongolia.

Sixteen teens, aged 15-17, in two Ulaanbaatar secondary schools have been selected and trained as peer educators on sexual health topics. The training involved three days of interactive seminars on sexuality, abstinence, STDs, contraception, condoms, decision-making on sexual matters and communication as well as a workshop on how to be an effective peer educator.

Since the training, a formal lesson on STDs and condoms has been taught by peer educators as part of health classes or outside class hours in two schools. In the first month of implementation, eight formal STD lessons have been presented. Weekly question-and-answer periods have been established.

The goal of the peer education programme is to improve sexual health knowledge and change attitudes among students. It offers a supplement to the sexual health information students receive in school. Teachers admit that the health curriculum does not provide enough time to cover all the information wanted by young people. Most teachers are not even comfortable with the sexual health topic. In addition, discussing sexual matters with parents is taboo.

Student feedback on their peers' presentations has been encouraging. Classmates have been asking how they can become peer educators too – an indication of the hunger for and pertinence of accurate sexual health information.

The eager peer educators realise that being a part of this programme is a privilege and a rare opportunity. They have taken the initiative to develop helpful props for their

presentations, have a workspace to call their own, and communicate better with their classmates.

The peer education programme is being developed based on research. Before the programme began, focus group interviews were conducted for schoolteachers, the National Centre for Health Development (NCHD), and the selected peer educators to understand the programme needs and design. Before its implementation, a baseline survey of the students' knowledge and attitude in the participating schools was conducted. After a month of implementation, a process re-evaluation was conducted through surveys and focus group discussions with the peer educators. Another re-evaluation and a post-test will be conducted in June 2001 to determine

any significant impact of the programme in the student population.

As the operating agency for the programme, NCHD has appointed a coordinator who will arrange all the events for the students, meet with the students on a bimonthly basis, and liaise with school administrators and funding agencies.

The peer education pilot project on two schools is based on the collaboration of NCHD under the Ministry of Health, the German NGO, GTZ, and the Department of Public Health Sciences, University of Alberta in Canada. For school year 2001-2002, other schools will be chosen to participate in pilot projects monitoring the success and sustainability of the peer education programme. ♦

Peer Education
Training for
students of
selected schools
(November 23-27,
2000)



World AIDS Day: Reaching people with style

The first of December is no ordinary day. Around the globe, nations hold World AIDS Day. It is a time to remember those who were lost to the fatal consequences of AIDS, share accurate HIV/AIDS preventive information and increase public awareness of AIDS as a worldwide problem.

In 2000, activities in Mongolia surrounded the theme "Men Can Make a Difference". Events were organised and facilitated by the National Centre for Health Development (NCHD) and funded by UNFPA, GTZ Mongolia and the Mongolian Family Welfare Association.

Reinforcing the day's campaign were publications about HIV/AIDS and STD prevention in two of the country's most popular state newspapers. Two



Facilitators from NCHD are opening the World AIDS Day Show at the Money Train disco club.

billboards were set up in public areas to increase awareness of International HIV/AIDS Day.

A televised press conference was held in conjunction with the Medicines Sans Frontier regarding "Healthy and Safe Decision Making Skills" on HIV/AIDS prevention for adolescents and adults.

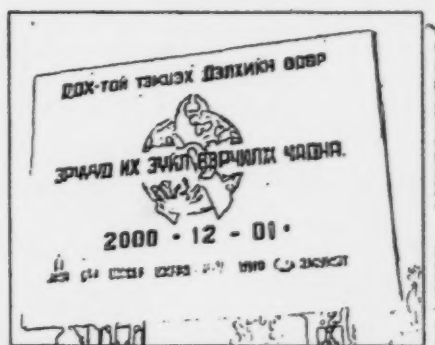
An evening show with television and radio coverage was organised at Money Train, a local club in the capital city of Ulaanbaatar. Representatives from all NGOs such as WHO, Margaret Sanger International, and National AIDS Foundation, government leaders,

peer education children, and university and college students were invited to attend. More than a thousand guests received materials about HIV/AIDS and STD prevention and a red ribbon to wear throughout the show.

The event at Money Train opened with a moment of silence remembering all those who have died of AIDS-related diseases. The programme continued with performances by popular music and interpretative dance groups. Skits, audience participation activities and informational segments by various organisations were held between acts to spread messages on HIV/AIDS prevention and its importance.

All said and done, World AIDS Day was a huge success. It combined fun, information dissemination, and increased awareness and cooperation of many international and governmental organisations in Mongolia. An evident team effort to combine resources and information provided a united message to the people.

Future plans include creating a committee specifically for World AIDS Day, retaining the same format for future years, and increasing the active participation of other organisations and community support. ♦



World AIDS Day billboard at Sukhbaatar Square.

Adolescence Future Centre steps in to protect street children

Accessible reproductive health care services are becoming vital for children living in difficult circumstances in Mongolia. Many children have been neglected and affected directly by the impact of the free market economy introduced ten years ago. Rapidly increasing poverty ushered a rise in school dropouts, domestic violence, and sexual abuse.

Subsequently, the number of homeless street children has escalated to 3,700 based on a recent survey. Of these children, 30 per cent are female, 80 per cent do not attend schools and half have multiple health problems. In the capital, Ulaanbaatar, approximately 360 children are known to be homeless. They survive by begging, stealing and collecting garbage.

Profiling the Mongolian street children

The Adolescence Future Centre, in collaboration with the International HIV/AIDS Alliance and its Mongolian counterpart, the National AIDS Foundation, assessed the needs of street children in Mongolia with the hopes of developing suitable projects for them.

Findings on Mongolian street children

- Most have little knowledge about STI and HIV/AIDS except that HIV/AIDS is deadly and dangerous.
- They begin sexual activity at an early age without any knowledge of pregnancy and psychological and physiological consequences.
- They have access to very limited and often incorrect information on sexuality and sexual health from tabloids, erotic publications and peers.
- Most have not heard of safe sex and condom use.
- Approximately 35.7 per cent have had sexually transmitted infections and 14 per cent of girls have been involved in commercial sex work.
- They have no access to health care even through national health insurance coverage owing to lack of residential permits.

The objectives of the participatory community needs assessment (PCNA) were: (i) Define the information needs of homeless or street children. (ii) Study the knowledge, attitudes and practices on sexual health and sexuality. (iii) Assess the vulnerability of these children to STI/HIV/AIDS. (iv) Identify possible strategies to respond to the problems identified through this assessment.

The assessment involved 100 children aged 10-18 residing in temporary shelters. A "Getting started" tool kit with creative exercises was used. Activities included diagramming, drawing and ranking with trend diagrams, community mappings, lifelines, chappati diagrams, cartoon strips and cause

and effect flow charts. The interesting and enjoyable activities made the children comfortable in giving information on sensitive and confidential topics.

Findings among these children bared involvement in risky sexual activities without sufficient information and health care (*see box*).

Developing an HIV/AIDS preventive project for street children

Based on its findings, the Adolescence Future Centre developed an STI/HIV/AIDS prevention project among street children under the technical and financial assistance of the Centre's study partners.

The main objectives of the STI/HIV/AIDS prevention project are: (i) Give appropriate knowledge and information to street children. (ii) Help them obtain the necessary skills to prevent sexual abuse and practice safe sex. (iii) Provide them with or refer them to reliable counselling and sexual health services. (iv) Emphasise community participation in the project's implementation. (v) Encourage other NGOs and governmental agencies to

work together to improve and solve these children's welfare issues.

Through the project, the Centre has established a warm relationship with these children. Children with problems have been referred to the Centre's STI clinic. The increasing number of children voluntarily coming to the clinic is an indicator of success.

More about the Adolescence Future Centre

The Adolescence Future Centre is an NGO established to give accurate and useful information on sexuality and sexual health issues, as well as provide some necessary skills for youth. It is active in the area of advocacy and collaborates with many donors including UNFPA, UNICEF, UNDP and the International HIV/AIDS Alliance.

Since April 1998, the Centre has provided the first Mongolian hotline service for young people. Currently, it daily receives 40-50 callers, mostly aged 13-21. The most frequent concerns are decision-making about relationships, marriage and pregnancy; problems with parents and family members; and abortion and STI. ♦



Street children make all kinds of diagrams and charts to help the Adolescence Future Centre develop responses to their sexual health needs.

POPCOM whips training package into shape

After long years of preparation, the Sexually Healthy and Personally Effective (SHAPE) training package has been completed by the Adolescent Health and Youth Development Programme (AHYDP) of the Commission on Population (POPCOM). The material is considered as the most valuable resource developed under the UNFPA-funded project, "Strengthening the Policy, Planning, Coordination and Monitoring of AHYDP".

The SHAPE package was produced to contribute in promoting the total well-being of the Filipino youth, who comprise a fifth of the country's population. Crafted to disseminate accurate, appropriate and vital information on various concerns affecting the youth, the material is

meant to be a collaborative tool for government, NGOs and local government units (LGUs) working with the youth and secondary stakeholders.

Beginning November 1997, the SHAPE training package came out slowly but carefully through a series of training, workshops, reviews, revisions and pilot testing. The following product finally emerged (see box): (i) Module One – Adolescent Reproductive Health (ARH); (ii) Module Two – Quality Family Life/Responsible Parenthood (QFL&RP); (iii) Module Three – Youth Empowerment and Sustainable Development: A Continuing Challenge (YESD); and (iv) Module Four – At the Crossroads: New Choices and New Boundaries (Skills).

Different units from the modular package may be put together to come up with various training designs to be delivered in one shot or in a staggered manner. Suggested designs found in the package cover a duration of at least three days: Training on ARH Concepts and Concerns for Youth, which heavily relies on Module One; Enhancement Training on Responsive, Effective and Active Parenting (REAP), which mainly uses Module Two; and Training on Interactive Intervention Strategies for Programme Professionals and Youth Leaders, which makes use of all modules, particularly Module Three.

All the hard work that produced the SHAPE package is expected to go far and wide in shaping the youth – the future and hope of the nation. ♦

Sexually Healthy And Personally Effective Adolescents

- A's of Self awareness, acceptance, appreciation
- Responsible sexual behaviour
- Respect for sexual orientation
- Healthy lifestyle
- Health promoting behaviour

ARH

- Quality family time
- Family well being
- Last: listening/acceptance/supportive/telling
- Responsible parenthood
- Shared parenting
- Positive family relationships

QFL&RP

YESD

- Youth empowerment
- Equity & equality of gender
- Enlightened media
- Supportive services/protective community mechanisms
- Development interrelationships

- Practical life skills
 - Effective decision-making
 - Making responsible choices
 - Refusal
 - Negotiation
 - Life goal planning

SKILLS

- Parenting Skills
 - Stress management
 - Effective communication
- Peer helping
 - Self awareness
 - Skills building
 - Values clarification
 - Emphatic listening or paraphrasing
 - Decision-making
 - Feedbacking
 - Effective communication



Research captures full picture of young Vietnamese lives

The need to take adolescent issues beyond reproductive health areas has been realised in the survey, "Adolescents and Social Change in Vietnam" (VASC'99). Conducted by Barbara S. Mensch, Dang Nguyen Anh, and Wesley H. Clark, the survey promised a full picture of experiences of Vietnamese adolescents in all domains of their lives.

Covered by the survey were young people aged 13-22 in six provinces, namely Lai Chau, Quang Ninh, Ha Tay, Quang Nam - Da Nang, Ho Chi Minh City, and Kien Giang. The survey also focused on sex differentials to illustrate how girls are disadvantaged.

Although researchers caution against interpreting the results as nationally representative, the major survey findings highlighted below merit consideration.

Education

Younger adolescents, boys, and urban provinces have some educational advantage over older adolescents, girls, and rural provinces, respectively. Younger students have greater desires for higher levels of education compared with their older counterparts. Girls receive more tutoring and vocational training than boys, and are more prone to believe that their schooling expenses are high relative to what their families are able to pay.

Time use and life activity

Girls work harder in the home - on their studies, chores, and household economic activities. Boys spend more time in recreation.

Adolescents in the six provinces differently apportion their time to

study, recreation, chores, household economic activities and work outside the home. Youth in Quang Ninh and Kien Giang devote an equally great deal of time on chores, household economic activities and recreation but not on outside jobs. Youth in Lai Chau are similar except that they do not appear to spend much time on recreation. In contrast, youth in Ho Chi Minh City and Quang Nam - Da Nang perform relatively few household chores and economic activities while they spend a relatively large amount of time doing outside jobs. In Quang

***"Adolescent issues
may not be limited to
reproductive areas
but should also
include important
social and economic
realms as well."***

Nam - Da Nang, the youth study a great deal of time but spend a below-average amount of time on recreation. An almost reverse trend is true in Ho Chi Minh City. Youth in Ha Tay spend much time on household economic activity and outside jobs but below-average amount of time on studies, domestic duties, and recreation.

Differences among provinces are also observed in the degree of participation in religious activities, exposure to media, and involvement in organised groups or societies.

Children of educated mothers tend to study more, be more actively involved in organised groups, have better exposure to media, and spend

less time on household chores and economic activities but more on recreation.

Employment and social attitude

Boys and girls take part in economic life inside and outside the house and both begin working at approximately the same age.

Rural adolescents are largely self-employed in agricultural jobs including forestry and fishing while a bulk of adolescents in Ho Chi Minh City engage in commerce and services. Rural adolescents are likely to carry out unpaid work for families while urban ones are likely to participate in paid jobs. Income generated by urban youth and boys are higher than that by rural youth or girls reflecting the gap in living standards and the levels of income between urban and rural areas.

Adolescents show fairly universal attitudes about their future as they worry most about employment, followed by education and health. The societal problems that they are most concerned about are social evils, unemployment and environmental pollution.

Spatial mobility and migration

Adolescents are most unlikely to migrate between provinces or far distances than between communities. Adolescents' migration, which usually happen for family or job reasons are often decided by parents. Education and employment were the reasons stated by three quarters of adolescents who wanted to migrate. But unfavourable living and working conditions may have contributed to the hardly improved health of

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urbanward migrants compared with those who migrated to rural areas.

Puberty and sexual initiation

Significant differences in the age of menarche across provinces suggest differences in nutritional status, with girls in Lai Chau apparently less nourished than elsewhere. These girls, along with those in Quang Ninh received less information about puberty than their peers in other provinces.

Current reported rates of premarital sex are extremely low (10 per cent among boys and 5 per cent among girls). Considering that underreporting is likely in this study and elsewhere, the rates are still low compared with Southeast Asian neighbours.

Contraception, reproductive health, and knowledge

On average, adolescents are familiar with two to three methods of contraception with nearly two thirds familiar with the condom – the most

popular method among others. However, less than half (41 per cent) of the boys and half of the girls who had premarital sex used a modern method of contraception.



Fertility knowledge is bleak with only a few adolescents – seven per cent of boys and 13 per cent of girls – found to be aware of the most fertile period during the menstrual cycle.

A substantial number of girls aged 18-22 believed that they have had a reproductive tract infection at a rate of 5 per cent in Quang Nam-Da Tay and 38 per cent in Lai Chau.

Adolescents are familiar with HIV/AIDS but they know more about its transmission than its prevention.

Marriage and childbearing

Adolescents believe that they should be involved in the choice of a spouse. Common criteria in choosing a spouse include a good job for the husband and a pretty look for the wife. Most believe that a husband should be older than the wife.

Pregnancy followed soon after marriage, with a vast majority of adolescents wanting to have two children.

Gender roles and equality

Behaviour and attitude that may portend future behaviour, including reproductive health, labour force participation, domestic life of men and women as well as marital relationships were examined.

Youth are much more likely to favour joint decision-making than sharing of household tasks. Most believe in gender segregated household roles. Youth from Quang Nam – Da Nang were least likely to hold traditional role attitudes than young people elsewhere.

Cigarette smoking was reported by nearly half of the boys (46 per cent) but by only 4 per cent of the girls. Boys with educated mothers seem less likely to smoke. Alcohol consumption is higher in rural than in urban areas. Compared with girls, boys were about 1.5 or 2.7 times likely to have tried beer or liquor, respectively. Cocaine or heroine use was extremely low (one per cent for boys and less than one per cent for girls) but is believed to have been underreported. ♦

Merged efforts promote healthy choices in northern provinces

Recognising the lack of information and education programmes for unmarried youth, three agencies joined efforts to implement "Adolescent Reproductive Health (ARH) in Vietnam: Promoting Healthy Choices" in Nghe An and Thanh Hoa provinces. The partners for the two-year project which commenced in September 2000 are Family Planning Australia (FPA), the Vietnam Youth Union (VYU), and Population and Development International (PDI).

With its two-fold thrust, the project will: (i) increase the knowledge of youth on reproductive and other

health matters, enabling them to make positive decisions affecting their health and lives; and (ii) improve the capacity of VYU to manage, implement, and expand this model of ARH education throughout its network. The ultimate goal is to cut adverse health and social consequences of risky behaviour in the two provinces.

The project hinges on the success of the peer approach and life skills education to target out-of-school youth aged 15-25 and put them into 50 groups of 20 members. It also trains selected VYU staff as master trainers so that they in turn may equip

the youth group leaders.

The group members participate in meetings that use a modular learning package adapted from the Youth Health and Life Skills project of VYU and PDI. Meeting topics include key life issues, sexuality, relationships, contraception, skills for making a living, STIs and HIV/AIDS, alcohol and drug use, and community education skills. Following the learning programme, participants are supported to implement educational activities in their communities, providing the means for the project to reach more than 5,000 youth besides those directly involved in the groups. ♦

Learn from 14 countries: Strategies that yield breakthroughs in ARH

In a three-part synthesis released in 2001 by the UNESCO Regional Clearing House on Population and Education, 14 countries share their strategies that achieved key results in adolescent reproductive health (ARH) efforts.

These countries include Bangladesh, Cambodia, China, India, Iran, Lao PDR, Malaysia, Maldives, Mongolia, Nepal, Philippines, Sri Lanka, Thailand and Vietnam. Their experiences tell that inter-country study visits, mass media mobilisation,

and forums were among the successfully used strategies for advocacy while youth clubs, school-based approach, and life skills training were particular to Information, Education and Communication (IEC).

Some strategies such as seminars were less effective for educating adolescents but useful for generating the commitment of decision makers. Highlighted below are examples on how government and non-government programmes of different countries used various strategies toward specific accomplishments in ARH.

Key result areas of strategies

In advocacy:

- ☐ Commitment of decision makers
- ☐ Support of various sectors on ARH
- ☐ Programme recommendations

In IEC:

- ☐ Counselling
- ☐ Health care
- ☐ RH information
- ☐ IEC support

Advocacy strategies: Key result areas

Generating the interest and commitment of decision makers

Study visits, seminars, and researches are used to make decision makers aware of ARH needs and strengthen their commitment and support to relevant programmes in their countries.

Inter-country study visits.

Though costly, the opportunity to combine travel with learning had been effectively used for decision makers in India, Sri Lanka, and Maldives.

After its study tour to Thailand, members of the Sri Lanka Parliamentary Forum on Population and Development expressed their willingness to support reproductive health (RH) programmes and suggested ways to overcome local health problems.

Decision makers, along with religious leaders and others from Maldives committed to support population education programmes as a result of their visit to Indonesia, Thailand and Egypt.

Seminars and consultative meetings.

High-level national gatherings foster acceptance of the ARH agenda. In India, national seminars on Population Education and Adolescent Education eventually led to the introduction of adolescence education in schools. In Vietnam, the National Conference on ARH led policy makers to review teenagers' situation and services, and respond with a draft of a national plan of action.

Research and survey. In Malaysia, a Cabinet Sub-Committee that looks into adolescent health was established based on research

findings that depicted dire problems of the youth.

Endorsed by the Parliament of Mongolia, a survey on the current status of reproductive health legislation bared areas that compel advocacy: protection of youth from reproductive health problems, legal rights of youth, improved quality of youth services, and others. Appropriate objectives of advocacy work were formulated as a response.

Winning various sectors for ARH issues

Many strategies are used to draw the support of government officials, media personnel, religious leaders, communities and the general public to various ARH agenda.

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Political lobbying. A long-term process that requires persistence and consistency, the strategy also gives long-term results as in the case of a new legislation enacted to support ARH.

Mass media mobilisation and campaign. This strategy is often used to turn mass media practitioners into reproductive health advocates or move them to call authorities into action.

Oriented and trained by the Health Education Bureau, mass media managers and journalists in Sri Lanka extended the time and space devoted to population and reproductive health. Similarly, training of radio and newspaper personnel as national RH advocates in Vietnam increased the number of programmes and TV spots on HIV/AIDS prevention.

In the Philippines, press releases paved way for the Remedios Aids Foundation to meet with City Government Officials and advocate for youth programmes.

Focus group discussions. In Sri Lanka, the Women's Bureau used group discussions among women groups and their leaders to promote gender equity and reproductive health practice. In the Philippines, focus

group discussions on adolescent children during Parents-Teachers Association meetings gained the support of parents on RH issues.

Advertisements. Whether in electronic or print form, advertisements attract attention, forge message retention through repetition, and raise public awareness. Suitable for promoting specific causes, TV commercials in China successfully advanced condom use for HIV/AIDS prevention.

International day celebration. Raised awareness influences public support on issues. For better publicity and greater attendance, a number of advocacy campaign activities in Iran, Sri Lanka and Nepal were concurrently organised with the celebration of World Population Day or other relevant holidays.

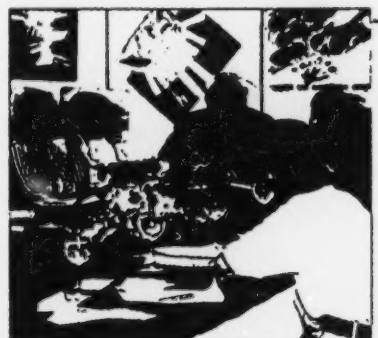
Forwarding recommendations

Useful recommendations for action, improvement and practice are the products of the strategies below.

Advocacy meetings and seminars. Recommendations developed from a seminar advocating education and health services for adolescents had been incorporated in

the three-year plan of the Federation of Family Planning Malaysia.

Agencies that carry out reproductive health practices worth emulating had been identified through the South South Centre advocacy meetings in Bangladesh.



Powerful recommendations often result from advocacy meetings.

Forums. The need for a national ARH programme covering sex education in schools was recognised through the Vietnam Family Planning Association forum in January 2000.

Advocacy skills training. Using newly acquired skills in advocacy, local and national advocates in Mongolia recommended a set of priority ARH programmes for implementation.

IEC strategies: Key result areas

Counselling services

Hotlines, youth clubs and the peer approach are among the innovative and attractive ways to provide counselling to adolescents.

Hotlines. Anonymous, immediate, and non-judgmental, hotline counselling proved popular in most countries. Counselling by postal mail and mobile units are equally popular with adolescents and the general public.

In Thailand, a hotline telephone service by the Programme for Appropriate Technology in Health (PATH) uses trained university students as volunteer counsellors.

Youth clubs. Adolescents are comfortable in seeking counselling in clubs where other youth activities and entertainment abound. Counselling services were part of soccer clubs and condom cafes in Vietnam as well as the Teen Service Centre in Malaysia.

Peer approach. Used for both

counselling and education, the peer approach offers adolescent-friendly service, encourages behaviour change, and fosters greater accountability among peers. It is the main strategy used by NGOs for HIV/AIDS prevention programmes in Vietnam.

By training at least 200 peer group educators in three provinces, the Reproductive Health Association of Cambodia led in peer group education efforts for young Cambodians.

Health care and referral services

Teen-dedicated health centres overcome the challenge of getting adolescents to avail of health care services. Fearing the perception that they are engaging in sex, adolescents shun regular health centres that usually offer family planning services, STI treatment and the like.

Teen quarters. The Teen Health Quarters of the Foundation for Adolescent Development in the Philippines offers services ranging from ear-piercing, skin care, to pregnancy testing.

Adolescent clinics. Established in Mongolia, the clinic monitors young women's physical and sexual development. Clinic doctors also conduct outreach sex education classes in secondary schools.

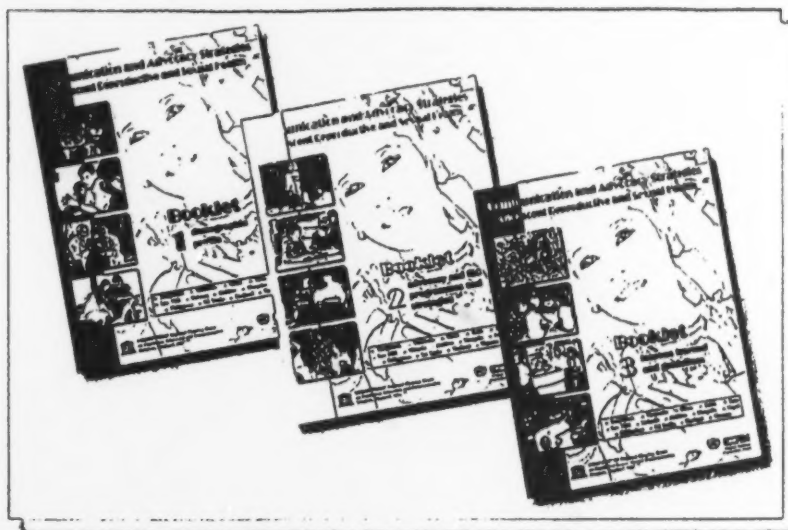
Delivery of RH information

Many strategies advance RH knowledge and skills and develop positive attitudes among its targets: When institutionalised, the school-based approach achieves long-term learning. Popular among adolescents, life skills training and youth camps effect serious attitude changes. Useful but less popular, seminars

The publication on Communication and Advocacy Strategies: Adolescent Reproductive and Sexual Health cover three booklets.

- 1 Demographic Profile
- 2 Advocacy and IEC Programmes and Strategies
- 3 Lessons Learned and Guidelines

These supersede the initial publication in 1999, which included only seven countries.



raise awareness on reproductive health issues. The creative use of electronic and print media appeal to all members of society.

School-based approach. The Population Education Programme of Maldives has successfully integrated population education concepts up to the secondary level curriculum for the past decade. Recently, pilot schools in Mongolia integrated the Sexuality Education Programme into their curriculum under an agreement between the Ministry of Health and Social Welfare and the Ministry of Enlightenment Training.

Activities supplementary to classroom-based learning (e.g., quiz shows and painting competitions) turned out popular with Indian and Cambodian students.

Life skills training. This improves communication, goal setting and decision-making among adolescents. In the Philippines, FAD provided life planning education for high school dropouts in urban poor communities. In Nepal, ABC's Family Life Education Programme defined future options for girls aged 14-20.

Youth camps. Camp activities (e.g., role-playing, case discussions, and quizzes) encourage freedom of expression and learning in an

adolescent-friendly setting. Youth camps by the Foundation for Women in Thailand taught and answered questions of adolescent girls on sexual relationships and love.

Seminars. Accompanied by participatory methods of learning, well-planned seminars reach a wide audience. Through seminars by the Department of Labour in Sri Lanka, girl factory workers became aware of maternal health, gender issues, STDs/AIDS prevention and others. Through seminars by the Ministry of Women's Affairs and Social Security in Maldives, students learned the negative impacts of early marriage.

Use of mass media. No country can forego the help of the mass media for RH education. Media formats are in wide range: telecasts on hazards of early marriage and TV talk shows on sex education in Bangladesh; radio spots on life skills for youth by the Media Education Project of Health Unlimited in Cambodia; radio broadcasts on preventive and curative health services under the Ministry of Health in Nepal; monthly newsmagazines on population and ARH issues in Maldives; and youth newsletters on RH, legislation updates and adolescent activities in the Philippines.

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Improved IEC support systems

By making human and material resources dependable, successful delivery of counselling, health care and information services is ensured.

Training of communicators and service providers. In Mongolia, the master training programme by Margaret Sanger Centre International pushed forward NGO programmes, curriculum, and teacher training on sexuality education. In Maldives, community health workers were required to undergo pre-service training on interpersonal communication and counselling to make them more efficient in their work.

Revision of school curriculum. In India, a revamped system of school-based ARH education was set after the revision of the population and development curriculum.

Material resources and information systems development. Books, modules, training packages and systems that improve access to information are crucial to IEC efforts. With this understanding, the Ministry of Education in Lao PDR produced RH teaching modules for schools and training packages for trainers and classroom teachers; the Curriculum Development Committee in Iran developed population education booklets for integration into school textbooks; and the HIV/AIDS Clearing House in Nepal managed the systematic distribution and collection of information on reproductive health and sexual behaviour.

Social mobilisation and community building. In Maldives, the Department of Public Health Community trained community volunteers as motivators of door-to-door RH services in three atolls. As demonstrated by the Community Development Services of Sri Lanka, communities and its members (e.g. adolescents, parents, local workers and so on) can be mobilised, organised and trained to find effective and timely solutions to family health issues. ♦

GUIDELINES

In Advocacy

- Adopting and reviewing policies: Develop an ARH policy based on the ICPD Plan of Action. Review and amend existing policies in the light of national and international best practices.
- Planning and managing programmes: Infuse elements of advocacy at the onset of project planning. Make ARH a programme distinct from other projects. Define advocacy targets at three levels: policymakers, change agents and communities. Identify needs through baseline studies. Seek the help of experts and set up project monitoring committees.
- Winning support from the top: Forge national networks, coalitions and strategic alliances to strengthen adolescent programmes and policies. Seek the commitment of top-level government officials, the influential elite and religious leaders by: presenting to them trends on adolescent reproductive health and current programme responses; providing them a forum for discussing related issues; and inviting them to youth activities to increase their participation.
- Gaining public favour: Mobilise the media to influence public opinion, thereby popularising sensitive issues and counteracting opposition from politicians.
- Securing community bonds: Strengthen linkages with grassroots level organisations and enhance community-based participation of adult associations, parents, women groups, and local officials.
- Persuading the education sector: Get the education ministry to include ARSH programme in the curriculum. Increase advocacy activities to curb resistance from school administrators and educators.
- More effective approaches: Conduct more interactive and small-group discussions to change attitudes and win commitment. Meet the financial needs of those with low economic status to sustain their interests in programmes. Develop a network of youth groups and information support centres to widen reach of advocacy. Develop well targeted rather than general messages to generate more positive responses.

In Information, Education, and Communication (IEC)

- Audience segmentation: Address the varied needs of different youth types, particularly the vulnerable ones.
- More effective service centres: Make centres physically accessible through wider networks. Equip service providers with communication and listening skills.
- Materials development: Develop materials for sensitive topics (e.g., premarital sex, substance abuse and so on). Focus more on behaviour and less on theories. Improve workers' capability to use IEC materials effectively through training or by developing appropriate modules and guidelines.
Increase the appeal of materials by: (i) designing with the needs of a specific target in mind and involving them in the plan, (ii) meeting with potential users and other developers to avoid waste, inconsistency and duplication, (iii) using a variety of media especially adolescent-friendly formats such as video, audiocassettes, websites and teasers or primer-type rather than text-heavy materials, and (iv) if applicable, producing in different local dialects, and carefully choosing words to avoid offending any cultural or religious group.
- Effective teaching: Impart what are practical, e.g., behaviour changes, life skills, and first-hand experiences with youth service centres. Avoid moralising. Capitalise on peer approach to education and counselling with follow-up support on peer workers. Do not fragment or distribute ARH into several school subjects.
- Measuring programme impact: Evaluate programmes based on product and process indicators such as community mobilisation. ♦

LESSONS LEARNED

Policy

Government policy provides the legal basis for programme implementation and fundraising. A commendable policy respects cultural and religious diversity, includes provision for vulnerable groups and lends itself to a national plan.

Sound planning and management

Help from an expert familiar with local conditions and capabilities is as valuable as the involvement of youth at all stages of planning. To ensure sustainable participation of targets, consider special needs (e.g., economic) in addition to ARSH needs.

At the onset of planning, ensure sustainability of programmes and draw up indicators of success. Successful pilot projects may then be expanded in reach and scale.

Materials

Aim for behaviour change and address local needs with locally developed rather than translated materials. Meet adolescents' preferences in language and presentation by getting their participation in the development phase. Design materials appropriate to socio-cultural background and education level of target.

A continuous supply of materials may be sustained by giving license to other users to reprint materials provided that they return a portion of the new print runs.

Research

Conduct socio-cultural research and focus group studies to generate relevant qualitative information. Repackage research findings to maximise their impact on policy makers and legislators. Harness the capability of relevant national centres of excellence to devote some efforts on ARH research. Centralise and integrate all research to avoid duplication and inconsistencies of information.

Complementarity

Every sector has its strengths and weaknesses. Governments have the reach and the resources while NGOs have the facility for fast, effective and meaningful action. International NGOs have the funds and the reputation while local NGOs have greater understanding of the local context, access to communities, and local sustainability. More can be achieved through inter-sectoral interventions as well as partnerships between government and NGOs, between national agencies and communities, and between international and local NGOs.

Allies

To gain the endorsement and financial support of the government, use its priorities as programme entry points. To restrain strong opposition, consider cultural and religious sensibilities.

Strong allies can come from the media, which can be mobilised to win public support. Enhanced community involvement raises public awareness and facilitates

behaviour change. As guardians of adolescents, parents and teachers are other strategic allies. Promote ARSH education with them.

Youth-friendly education and counselling services

Adolescents welcome information through entertainment, peers life skills training and other innovative techniques (e.g., hotlines and youth camps). They patronise media formats such as panel discussions, teledrama, docudrama and call-in questions. With low literacy levels, some adolescent groups may find the print media less appealing.

Methodology on ARSH education must be balanced with content. To avoid overload or dilution of information, identify the core concepts to be conveyed. Select communicators with the right attitude before training them to handle ARSH education.

Improve and maximise the reach of service delivery methods. Find the most appropriate place, time and set-up for adolescent health care. Set standards for service providers and regularly update their skills.

Gaining from others' experiences

Systematically document programme activities to enhance sharing and avoid repetition of failures. It is ideal to provide programme planners and implementers a venue for exchanging experiences. Successful practices may then be disseminated nationwide. ♦

Population and Adolescence Education: A Training Package for Resource Persons and Secondary School Teachers

New Delhi, [2000,] 225 p.

Central Board of Secondary Education (CBSE)
Population and Development Education Cell
17-B, I.P. Estate,
New Delhi - 110 002



This training package offers a comprehensive but concise guide to the contents of and methodology for handling population and adolescence education in secondary schools in India. Developed by Professor DS Muley and reviewed by 21 specialists during a 1999 CBSE workshop, the package is intended to be the basis for training programmes of Master Trainers and secondary school teachers under the project of the Population and Development Education Cell, CBSE. The programme will prepare teachers to organise co-curricular or school-based activities in their respective schools.

The training package comprises eight modules. The first six cover the basic content of population and adolescence education - its history, population, environment and sustainable development, gender equality and quality of life, needs of adolescents and reproductive health, AIDS preventive education and others.

Included are rarely touched concepts in secondary education - human sexuality, drug abuse and HIV vulnerability, safe and risky sexual behaviour.

Module Seven presents a brief content analysis of National Council of Educational Research and Training (NCERT) textbooks. Module Eight contains nine activities that enhance effective communication with adolescents on matters of reproductive health and sexuality.

The first seven modules are similarly structured, each opening with a list of one to seven *Core Learnings* followed by a *Content Outline* of three to six topics and a *Time* requirement for the training session ranging from 20 to 75 minutes per module.

The *Procedure* section of the module explains in a step-by-step process how trainers may present the contents. True to its intention of employing interactive methodologies,

the procedure frames thought-provoking questions for trainers-trainees' discussion.

Not more than 15 pages in length, the *Content Sheet* contains a full-text clarification of concepts under the module. Although heavy with statistics in modules with population topics, notes emphasise the analysis of data rather than learning mere facts. Data have been carefully selected and repackaged for meaningful interpretation. Consolidating well the information from five to eleven references, the *Content Sheet* gives explanations and examples highly contextualised to Asian and Indian settings.

At the end of each of the first seven modules, a set of photocopy-ready transparencies captures the key points of the *Content Sheet* and the guideline questions in the *Procedure* section. To a great degree, this allows trainers to spend more time digesting

the contents and visualising actual training sessions rather than tediously preparing materials.

In addition to the above, Modules Five (Needs of Adolescents and Reproductive Health) and Six (AIDS Preventive Education) contain a portion of frequently asked or important questions from adolescent students and answers from experts. The section helps trainees understand the concerns, information needs, and typical mindset of adolescents.

Although occupying the bulk of the training material, the first seven modules take up only 30 per cent of the sessions in a suggested 20-hour training programme. More than half of the training programme is devoted to demonstration and practice of the activities (e.g., role plays, quiz contest, and question box) found in Module Eight. Simple but creative, activities require minimal facilities and are quite adaptable to time availability and cultural sensitivity of resource persons and trainees.

Highly informative up to its last page, the package includes in its appendices: (i) a recommended four-day training programme schedule, (ii) a guideline for organising co-curricular activities for boys and girls in classes IX and XI using activities from the training package, (iii) a pre- and post-training test (iv) a short training programme evaluation, and (v) a directory of CBSE officials and reviewers involved in the development of the training package.

The systematic and consistent overall layout of the package is inviting to users needing frequent review of materials. A large shaded label at the upper right corner of each page easily identifies the section under view.

The training package is a valuable resource not only for its intended targets, but also for programme planners, managers, and implementers of adolescent reproductive health education throughout Asia. ♦

Life Skills

Training Modules

New Delhi, 2001, 235 p.

Urvi Vikram Charitable Trust
(UVCT), New Delhi

Intended for *Shakti* facilitators and other life skills trainers for adolescents, these training modules were prepared by UVCT under the project, Building Life Skills of Young Adults, with the support of the UN Inter-agency Working Group on Population and Development.

The training material was built on the extensive experience of the Shakti programme and the results of a rapid needs assessment (RNA).

Providing livelihood skills for school dropouts and underachievers, the Shakti programme recognised the need to add on psychosocial skills in its curriculum. The RNA, on the other hand, revealed three major needs of adolescents: health, mental health and counselling, and communication.

The material is a compilation of 32 modules, each of which covers a set of life skills such as self-awareness, communication, decision-making, creative thinking, stress management and others. The modules are entirely activity-oriented. Games or exercises in each module are designed for adolescents to actively participate in and enjoy the learning process. The modules are meant to enhance knowledge, skills, and attitudes of adolescents through

introspection and retrospection.

The modules may be used as stand-alone materials or may be integrated into a curriculum. The modules linked by contents or skills are identified. A matrix that summarises the objectives, skills, linkages, methodology and content of all modules is available for facilitators who prefer to pick, mix and match modules, as they find relevant to their target trainees.

A range of methodologies are employed in each module – case studies, brainstorming, role plays, illustrative trainer presentations, discussions, use of illustrative props and games, debate, and worksheets. Several modules are devoted to highly practical and relevant topics such as health, smoking, hygiene, friendship, conflict and emotions, gender, different ways of communication, and sexuality. For example, the module "Killed by a Leaf" deals on the dangers of tobacco while "28 Friends and a Mirror" refers to dental hygiene. "One-Legged Race" engages trainees in a race between a one-legged team to illustrate irresponsible sexuality and a two-legged team to represent well-informed individuals.

Each module allows flexibility by giving a choice of activities and ideas for follow up. A module session does not take up more than two hours but preparation of props to be used requires some time. A detailed methodology suggests how to go about the sessions. The *Facilitator's notes* found on the right column throughout the pages give further ideas on what needs to be said, emphasised or done at each step of the methodology.

Although modules are designed to the level of adolescents enrolled in *Shakti* or UVCT programmes, facilitators may adopt them for particular adolescent groups undergoing life skills training. Most activities are simple, easy to understand and culturally neutral. ♦



Avert

<http://www.avert.org>
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Tel: +44 (0)1403 210202
Fax: +44 (0)1403 211001
E-mail: info@avert.org

AVERT, a leading UK AIDS Education and Medical Research charity, claims to have the most accessed HIV and AIDS website in Europe. Its multi-awarded site consists of about 150 pages covering statistics, interests of young people, personal stories, history, information on becoming infected, and many more. Among the 18 main sections of the site with the slogan "AVERTing AIDS and HIV", three areas are highly relevant to young people:

- (i) *Information for Young People* explains sex, contraception, AIDS, puberty, condoms, and gay-related issues.
- (ii) *AIDS and Sex Education* explores AIDS education at

school and for young people and children. It includes sample lesson plans on AIDS. The section also discusses whether sex education works, the opinion of young people about it, abstinence as a message, and what is actually taught in schools as experienced by young people.

- (iii) *Sex, AIDS and Relationships* presents frequently asked questions (FAQs) about sex, sex for the first time, relationships and feelings, age of consent, and includes FAQs mainly for young people.

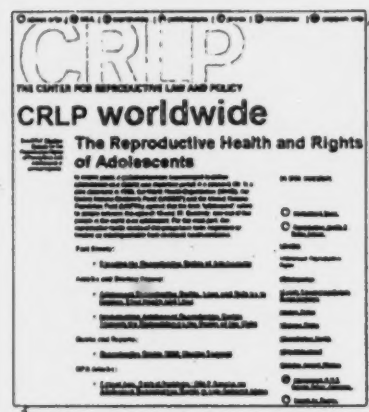
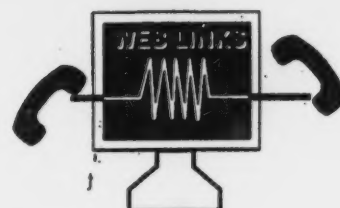
To everyone's interest is the *Free Resources* section, which allows one to download and print out quizzes, posters, and booklets on HIV/AIDS.

Users will find the website quite comprehensive and regularly updated. Facts are given without frills and controversial issues such as homosexuality are presented with a broadminded view.

Despite the numerous areas within the site, the information desired is often easily accessible within two or three clicks from any page. As navigation tools, the following are further available on each inner page: a menu of the main sections, a search facility, and a secondary menu suggesting topics related to the page in view.

Provided that no technical hitches are encountered with its versions in eight languages, the site is expected to gain even more popularity around the world. The service is guaranteed to benefit students, health professionals, academics, as well as people living with HIV and AIDS and their friends and families. ♦

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The Reproductive Health and Rights of Adolescents

[http://www.crlp.org/
www_iss_adolesc.html](http://www.crlp.org/www_iss_adolesc.html)
Centre for Reproductive
Law and Policy
120 Wall St., New York,
NY 10005, USA
Tel: (917) 637-3600
Fax: (917) 637-3666
E-mail: info@crlp.org

or
146 19th St. NW,
Washington D.C. 20036, USA
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E-mail: dcinfo@crlp.org

Dedicated to the promotion of reproductive rights of women in particular, the Centre for Reproductive Law and Policy (CRLP) has devoted an entire subsection of its website (<http://www.crlp.org>) to *The Reproductive Health and Rights of Adolescents*. This subsection contains full-text fact sheets, two briefing papers, a book on reproductive rights of adolescents, and news items from the *Reproductive Freedom News*.

Most of the subsection contents emphasise eight issues, especially those affecting adolescent girls: access to reproductive health care, education, early marriage, early childbearing and contraception, unsafe abortion, HIV/AIDS and other STIs, sexual violence, and female circumcision. For every issue, the *Fact Sheets* summarise the world statistics and trend as well as CRLP's general recommendation for governments.

A longer version of the Fact Sheets is available as a briefing paper entitled "Ensuring the Reproductive Rights of Adolescents". This paper examines the major sexual and reproductive health issues affecting adolescents under the framework of the 1994 International Conference on Population and Development (ICPD). It includes critical legal and policy measures that all governments should strive to achieve and cites one recent legislative or policy initiative that represents a "best practice" in government efforts to address each issue.

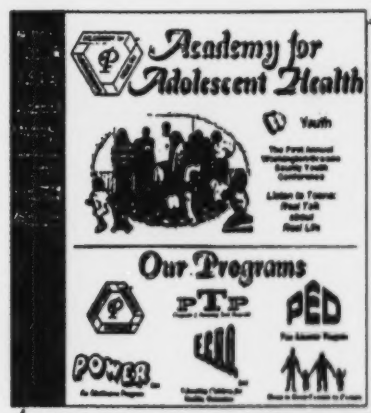
The other briefing paper entitled "Implementing Adolescent Reproductive Rights through the Convention on the Rights of the Child" overlaps in most respects to the above although it highlights the issues in the context of the Children's Convention (1989) framework.

The subsection also features "Reproductive Rights 2000", a book that encourages to replicate recent positive developments toward recognition of reproductive rights as basic human rights. Downloadable in PDF format, the text covers similar issues previously mentioned.

A few international and national (US) news items related to reproductive rights are posted. Other articles from current issues or archives of the *Reproductive Freedom News* may be reviewed from the newsletter section of the website.

Owned by a non-profit organisation, the CRLP website is unlikely to disappoint anyone looking

for a global overview of reproductive health and rights of adolescents. ♦



Academy for Adolescent Health

<http://www.healthyteens.com>

Academy for Adolescent Health, Inc.

440 Washington Trust Building
Washington, PA 15301

Tel: (724) 222-2311 or

Toll Free: 1(888) 301-2311

Fax: (724) 222-5406

E-mail: aah@healthyteens.com

This is an informative website devoted to the programmes of the Academy for Adolescent Health. As stated in the *Who We Are* section of the site, the Academy was founded with the mission to serve the youth and their communities by improving youth/parent communication, promoting healthy adolescent behaviour, reducing risk and encouraging wellness through quality parenting, childbirth and sexuality education.

The website keeps relatively few, but well organised and easy to navigate pages under eight main areas. Each area is directly accessible through an icon on the left frame of the home page. Although it needs some updating, a menu at the bottom of

every page in the site gives entry to some sections.

Our Programmes is the section that shares the Academy's various curricula in sexuality education for parents and teens as well as teen pregnancy support. Among others, the programmes include: (i) Postpone, Prevent, Prepare (PPP), (ii) Positive Options for Waiting through Education for Real life (POWER), (iii) Educating Children for Healthy Outcomes (E.C.H.O.), and (iv) Parent/Daughter and Parent/Son Early Sexuality.

Although not recent, the 1999 Spring Issue of the Washington Hospital Teen Outreach News featured in the site's *Newsletter* gives a vivid picture of the Academy programmes as they are in operation. Articles include programme principles and effective strategies, accounts of humble beginnings and successes, and inspiring experiences in working with youth and parents.

The remaining areas include *Teens Only* which offers practical tips on how young people can say "No for now" to sex. Meanwhile, the *Parents & Professionals* section presents a few charts on trends of teen pregnancy rates throughout the years to demonstrate the successful efforts of the Academy. Although statistics are localised to Washington County, USA, the sets of guidelines shared in this section universally appeal to parents.

The *Educational Products* area displays a few manuals, workbooks, plays and videos for educators, adolescents, and parents. A few sample pages or activities from the materials are featured and orders may be placed online.

The *Contact Us* page provides five ways to get in touch with the Academy – by fax, phone, mail, e-mail, or online submission of questions. Lastly, *Youth Connections* is a directory of Washington numbers that may be contacted by teens who need counselling on any aspect of their lives (family, crisis, legal, health, career and so on). ♦

New and Recent PUBLICATIONS



Bezbaruah, Supriti; Janeja, Mandeep K. **Adolescents in India: a profile.** New Delhi: UNFPA, 2000. 75 p.

Central Board of Secondary Education. Population and Development Education Cell. **Population and adolescence education: a training package (for resource persons & secondary school teachers).** New Delhi: The Central Board of Secondary Education, [2000]. 225 p.

EC/UNFPA Initiative for Reproductive Health in Asia. **Dealing with media: a practical guide**, by Joke van Kampen. Hannover: RHI ComNet, [2000] [9 p].

Foundation for Adolescent Development, Inc. **A resourcebook on the Teens Healthquarters: a community-based adolescent health center.** Manila: FAD, 2000. 52 p.

Flax, Valerie, et al. **Reproductive health education for adolescents.** N'zerekore: UNHCR, 1998. 88 p. (How to guide reproductive health in refugee situations, no. 3)

India. Ministry of Labour. Directorate General of Employment and Training. **Population education in vocational training programme.** New Delhi: Directorate General of Employment & Training, 2000. 3 vs.

Information, education, communication training package in STD/HIV/AIDS awareness for school teachers, NGO personnel, media personnel. Almaty: UNESCO/UNAIDS, 1999. 3 vs.

Khan, Riaz Shakir (ed.). **Population education: content and methodology.** New Delhi: Institute of Advanced Studies in Education, 2000. 157 p.

Nita's anxiety: early marriage [videocassette]. Tokyo: JOICFP [2000]. 1 videocassette; VHS/PAL; 11 min.; sd. Col. (Adolescent reproductive health series). English.

Our health and HIV AIDS: training manual for young women and men. Islamabad: UNICEF, [2001]. 87 p.

Regional Institute of Education. **Adolescence education: an awareness training package for secondary teachers.** Mysore: Regional Institute of Education, 2000. 187 p.

Reproductive health of adolescents module (RHAM). Selangor: Federation of Family Planning Associations, Malaysia, 2000. 1 packet of materials (9 booklets).

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Credits:

Bangladesh: Project Coordinator, BGD/P09/98, Department of Mass Communication, Dhaka; **Cambodia:** Caroline Jane Kent, RHI Press and Media Contact, Deutsche Stiftung Weltbevölkerung, Germany; Livan Sophoan, Administrative Assistant, UNFPA Office, Phnom Penh (Photos by Mak Remissa); **China:** Magnus Bjork, Programme Officer, UNFPA Office, Beijing; **India:** Tarun Kumar Maiti, Manager, CHRC/Adolescent Health Programme, West Bengal Voluntary Health Association; **Japan:** Ryoko Nishida, Director, International Programme Division, JOICFP; **Kazakhstan:** Shannon Berlin, IEC Specialist, UNESCO, Almaty; **Mongolia:** Amanda Roberts and Dr. Ch. Oyun, RH Officer, National Centre for Health Development, Ulaanbaatar; Dr. Ayush Bazar, Executive Director, Adolescence Future Centre, Ulaanbaatar; **Philippines:** Eden Divinagracia, NGO Council on Population, Health and Welfare, Inc., Manila; **Vietnam:** Nguyen Quoc Anh, Director, CPSI, National Committee for Population and Family Planning (NCPFP). Credit is also given to **Ms. Saroj Yadav**, National Population Education Project, National Council in Social Sciences and Humanities for her article, "Cultural settings affect adolescent needs", in the last issue of Adolescence Education Newsletter, Vol. 3, No. 2. Photo on p. 10 from UNFPA, Lao PDR.

We welcome your comments, suggestions and contributions. Please address your correspondence to the Regional Clearing House on Population Education and Communication (RECHPEC), UNESCO PROAP, P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand. RECHPEC URL: <http://www.unescobkk.org/infores/rechpec> Tel. (66-2) 391-0577 Fax (66-2) 391-0866 E-mail address: rechpec@unesco-proap.org; ARSH website: <http://www.unescobkk.org/infores/arh-web/index.shtml>

ADOLESCENCE EDUCATION NEWSLETTER

New and Recent Publications

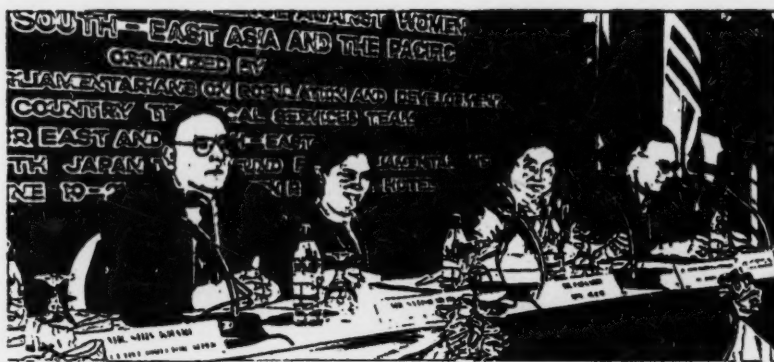


Parliamentarians express unanimous support for women's rights

Reaffirming their support for women's rights, parliamentarians from 14 countries in East and South-East Asia and the Pacific issued a clarion call for the elimination of violence against women so that sustainable and equitable national and regional development can be achieved.

The parliamentarians were gathered at the Intercountry Workshop on Parliamentary Advocacy for the Elimination of Violence against Women, held in Bangkok on 19-21 June. They stressed that sexual abuse and violence against women are the root causes of their psychological and physical disempowerment. The parliamentarians acknowledged their duty to harmonise differences that are not consistent with the universal principles of human rights. They stressed that global efforts to promote women's rights should place the highest priority on five main areas: increasing public awareness, enactment of effective legislation and its effective enforcement, monitoring and evaluation, and regional collaboration and coordination to enhance capacities for legal reform and monitoring within an integrated human rights and gender equity framework.

Public awareness campaigns should include government-sponsored



Mr. Satish Mehra, Deputy Director of APD, UNFPA (extreme left) giving his reactions to issues raised on violence against women as the rest of the panel listen (from left to right): Dr. Raj Karim, Regional Director, IPPF; Senator Dr. Malinee Sukavejworakit, Vice President, Senate Committee on Public Health, AFPPD; and Dr. Ghazi Farooq, Director of UNFPA Country Technical Services Team, Bangkok.

public education programmes involving the media and high profile personalities. NGOs, religious institutions, the private sector, the civil society and the media should be encouraged to advocate and raise awareness on issues regarding violence against women.

There is a need to review pertinent national legislation against international standards concerning domestic violence, sexual assault, including rape and child sexual abuse, sexual harassment, treatment of refugees, trafficking of women or children, treatment during armed conflict, and treatment within institutions (e.g. mental institutions, detention centres and prisons).

The empowerment of women, particularly through public education programmes and formal education curricula from preschool to university, offers the best chance for women to enhance their role and status in society.

Findings from the monitoring and evaluation of the impact of legislation and education will provide evidence of the effectiveness of laws and policies, observance of the judicial process, and the responsiveness of communication strategies, education programmes, and service delivery programmes. These should be widely publicised to achieve maximum benefit.

How to eliminate violence against women

- ◆ Mobilise adequate resources from the national budget to implement and monitor programmes that promote women's rights,
- ◆ Carry out a legislative review and reform of legal systems to ensure the relevance of laws and the responsiveness of their implementation,
- ◆ Regulate existing laws by specifying responsibilities, tasks and resources through concrete programmes and services and public outreach, and
- ◆ Strengthen coordination among concerned agencies to maximise their impact and improve intersectoral and complementary initiatives.

ASRH model strategies to be put to the test

The promotion of innovative uses of local radio programmes, websites and newspaper columns, in support of adolescent sexual and reproductive health, was a key recommendation at a workshop held by the Japanese Organisation for International Cooperation in Family Planning (JOICFP) in Oyama City, Tochigi Prefecture, Japan. Another important recommendation was continued involvement of youth leaders in project planning, management, monitoring and evaluation.

The workshop was a JOICFP activity under two component projects of the RH Sub-Programme of the UNFPA Regional Programme for 2000-2003. The two components are as follows: i) increased understanding of sexual and reproductive health behaviour among the youth and development of viable adolescent RH programme modalities, and ii) strengthened capacities of national institutions to train personnel and carry out RH advocacy and IEC activities.

Based on results of needs assessment surveys in Nepal, Malaysia and Sri Lanka, model strategies to implement the regional project were developed and supporting activities were identified. These address the needs of unmarried youth aged

14 to 25. The model strategies will be tried out from September 2001 to June 2002. If successful, their replication in other countries will be duly considered.

Representatives from India, Indonesia and South Korea shared experiences in developing and implementing innovative community-based ASRH strategies and programmes. Workshop participants were exposed to the novel Japanese concept of "toshiken", a networking of community-based associations that share common community problems, such as the high rate of abortion and RTI among adolescents in Oyama City.

Resource persons from IPPF and CST Bangkok/Kathmandu joined workshop participants, comprising those responsible for implementing ARH programmes and strategies, youth managers below 29 years of age who play key roles in managing the model strategy under the JOICFP regional project, and youth representatives under 20 years of age who belong to youth committees of family planning associations. U-Com, a Japanese youth club took part in some sessions.

Credit to Mr. Francisco Roque, Specialist in Adolescent Reproductive Health and Education, UNFPA Country Technical Services Team

Current and emerging social and economic crises have contributed to the need for innovative approaches to sex education and research. These approaches involve the revision of relevant curricula, modifications in various health care systems and improvements in disease prevention programmes.

The Institute for Population and Social Research at Mahidol University Salaya in Phutthamonthon, Nakhon Pathom Province, Thailand, will be the venue for the Workshop in Innovative Sex Education, to be held on 19 November to 14 December.

The workshop will offer opportunities for the sharing and exchange of knowledge and experiences in innovative sex education, with consideration given to cultural differences. It will adopt a multi-model approach incorporating lecture discussions and group work in the design, implementation and monitoring of alternative interventions for different groups. Case studies from various countries will be presented to provide useful lessons

In search of

innovative approaches to sex education strategies and research

and exemplary models for sex education strategies.

The workshop is designed around four major steps in designing and developing innovative sex education programmes: problem/need identification, strategy

identification and design, programme delivery and monitoring and evaluation.

Credit: Institute for Population and Social Research (IPSR), Mahidol University, Salaya, Nakhon Pathom



Desensitising adolescents on the use of condoms.

ARH packages designed to provide lessons for teaching life skills

The first of three information packages on adolescent reproductive and sexual health has been released by the UNESCO Regional Clearing House on Population Education and Communication. Through its repackaging strategy, which entails the review, analysis and selection of the most useful and relevant information and presenting them in more readable language and more appealing formats, the UNESCO Regional Clearing House promotes users' access to a wealth of materials that might have gone unnoticed because they are highly technical, poorly presented, and insufficiently publicised, to cite some drawbacks.

The first package presents lessons and curriculum materials that support the development of life skills that will guide adolescents as they grow into maturity, covering the different stages of life including reproductive health and positive and adaptive behaviour. The lessons and curriculum materials also equip teachers and trainers with adequate theoretical and practical knowledge of how to impart life skills to the youth.

The six sections in the first package are as follows:

Section I – Self-awareness, assertiveness and negotiating

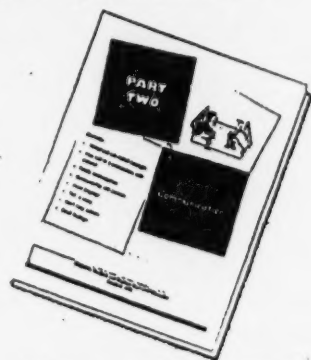
The six lessons in this section guide adolescents against negative

influences by building their self-esteem, self-image, and self-confidence. They broaden their self-knowledge, leading them to self-discovery and a deeper appreciation of their values and personal growth. Working in learning groups, the

students plot the impact of external events on a person's self-esteem and how this should be handled to maximum advantage. Distinct differences are established between assertiveness and aggressiveness as human qualities and passivity and mature behaviour.

Section II – Communication

The eight lessons in this section deal with core aspects of verbal, non-verbal and written communication, particularly the need to convey clear messages, as well as to listen, respond and learn from them.

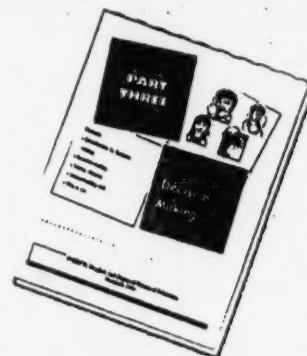


Clarity is needed in expressing one's feelings, thoughts and meanings. Listening involves accurately receiving and understanding communication, while responding includes providing feedback or taking timely action. Learning refers to the acquisition of positive skills and strategies to handle conflict and prevent communication

barriers. Exercises to practise good communication skills and assertive behaviour, as opposed to aggressive behaviour, are offered. One lesson shows students how to discuss human sexuality with ease and confidence.

Section III – Decision-making

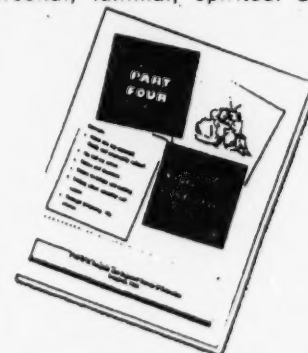
Of the five lessons in this section, two deal with steps that feature in decision-making and the means to evaluate and analyse the ensuing results of the decisions taken. Challenging exercises in the context



of decision-making that affect sexual behaviour are presented. One exercise builds adolescents' sense of control over their actions and cites various forms of sexual expressions, in addition to sexual intercourse. It also shows the application of decision-making skills in friendships, sexual relationships and marriage.

Section IV – Values clarification

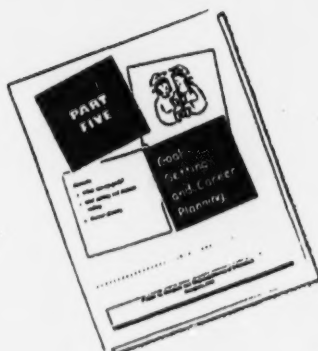
In six lessons, this section defines values and their origins. These include values that are personal, familial, spiritual and



cultural in nature. Exercises help the youth to identify, clarify and prioritise their values and how to communicate these while accepting those of others. The relationship between values and behaviour is examined. Two lessons deal with values regarding sexuality.

Section V – Goal setting and career planning

Of the three lessons in this section, the first two define the nature



of goals and the importance of goal-setting in adolescent life planning. Short-term and long-term goals are differentiated. Exercises in setting goals, formulating mission statements and exploring personal and vocational life goals are provided. The meaning of career planning and the importance of developing career directions suited to individual interests and aptitudes are carefully explained.

Satisfying ASRH needs through existing and future reproductive health services

Young people in the Asia-Pacific region are not exempt from global concerns affecting adolescent sexual and reproductive health (ASRH). As with their peers from other parts of the world, the region's young people stand to benefit from the promotion of responsible and healthy reproductive and sexual behaviour.

Insights into ASRH

In a paper presented at the Third Asia-Pacific Intergovernmental Meeting on Human Resources Development for Youth, held in Bangkok on 4-8 June, Mr. Francisco Roque and Mr. Bhakta B. Gubhaju shared insights into current ASRH situations in the Asia-Pacific Region.

In its first section, the paper analyses demographic implications of adolescent sexual and reproductive health. This is followed by discussions of factors that influence their sexual behaviour, as well as their knowledge and use of contraceptives. The third section examines ASRH policy issues, while the fourth section contains conclusions and policy recommendations for addressing ASRH needs.

Factors leading to risky behaviour

The paper cites four main factors that trigger risky reproductive health



behaviour among youth in general. These are their limited access to information, peer pressure, poor access to youth-friendly health services, and economic constraints that may motivate some young people to engage in sex for monetary gain, or, in the case of others, bar them from obtaining medical help or buying contraceptives.

Specific factors that affect the sexual behaviour of young girls include their inadequate knowledge of contraceptives and their poor leverage to oppose sexual advances. Young men, on the other hand, are driven to sex largely for pleasure and out of peer pressure and curiosity. Their general lack of a sense of responsibility over their sexual behaviour is proving to be a serious barrier to improving adolescent sexual and reproductive health.

ASRH: a major thrust

From the status of a "non-issue" for two decades (1976-1995), ASRH has become a major thrust of the UNFPA.

The number of countries that implement population education with UNFPA support grew from eight countries in 1981 to 21 during the first half of 1995, while projects dealing with adolescents and youth increased from eight to 25 during the same period. These reflect changing attitudes of governments, many of which now recognise the importance of adolescent reproductive health.

To further strengthen the governments' resolve, the paper recommends the following support measures and initiatives: promoting youth participation, strengthening data collection systems, promoting gender equality and lifeskills development among the youth, improving young people's access to information, providing quality-gender sensitive services, sensitisation of adults, and promotion of partnership modalities in programmes and multi-sectoral collaborations.

Credit: Mr. Francisco Roque, Specialist in Adolescent Reproductive Health and Education, UNFPA Country Support Team for East and South-East Asia, and Mr. Bhakta B. Gubhaju, Population Affairs Officer, ESCAP Population and Rural Development Division

CAMBODIA

Government takes centre stage in World Population Day celebrations

World Population Day was observed on 11 July under the theme, Population, Development and Environment, symbolising greater commitment by the Cambodian Government, NGOs and United Nations agencies to promote public awareness of reproductive health and population issues.

Two main events were organised by the UNFPA Office in Cambodia, in close collaboration with the Ministry of Rural Development, the Ministry of Health, the Ministry of Planning, and other government bodies as well as 15 NGO partners.

July 5 celebrations

At a press conference on 5 July, high-ranking government officials gave short presentations on four main topics. *Reproductive health and rights* was addressed by H.E. Mr. Mam Bun Heng, Secretary of State of the Ministry of Health. H.E. Mr. Lay Prohas, Secretary of State of the Ministry of Planning, spoke on the topic, *Rapid population growth and poverty*. *Empowering the rural population as a means to reduce poverty* was presented by H.E. Mr. Souk Kong, Under-secretary of State of the Ministry of Rural Development. *Empowering women to promote socio-economic development* was discussed by Ms. Ros Sopheap, Executive Director, Gender and Development for Cambodia, an NGO.



From left: H.E. Souk Kong, H.E. Lay Prohas, Ms. Yoshiko Zenda, H.E. Mam Bun Heng, and Ms. Ros Sopheap.

Following the press conference, an art performance portraying HIV/AIDS prevention, family planning and other reproductive health issues was presented by peer educators from Friends, an NGO. A reception was held for government officials, members of the Diplomatic Corps, and representatives from the United Nations, NGOs and the media.

July 8 caravan

On 8 July, a day-long convoy was arranged in close cooperation with 15 NGO partners for RHI programmes and government institutions. The convoy departed from Veal Main (near the Royal Palace) for Takhmau, south of Phnom Penh, where songs and dances were performed by peer educators from Friends. The caravan proceeded to Tunle Bati, a tourist zone in Takeo Province, where a musical



Dr. Chea Samnang, UNFPA Goodwill Ambassador, delivered messages from the UNFPA Executive Director.

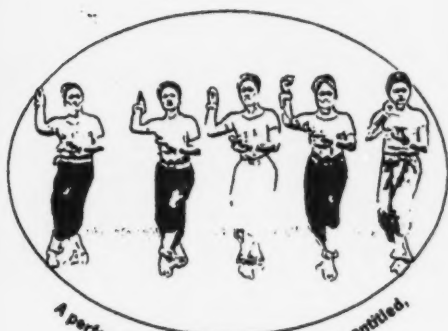
and drama performance as well as games and a quiz show on population and reproductive health were held by RHI NGOs.

Dr. Chea Samnang, UNFPA goodwill ambassador, delivered the message of the UNFPA Executive Director to an audience of about 1,000 people.

Other activities

Other activities were UNFPA's annual poster contest which received 100 entries from participants ranging in age from 6 to 25 and hailing from remote provinces and municipalities. Three winners were selected for each of the five age groups, with each winner receiving a tape recorder as prize. Every contestant received a World Population Day T-shirt.

As IEC materials for advocacy, the UNFPA Office produced a poster in Khmer on population, development and environment, T-shirts and other information products, including the Briefing Kit 2001 in Khmer, which were distributed to government institutions, UN agencies, NGOs and the media.



A performance of the traditional dance entitled,
Best Wishes and Success for All.

A press information pack, including a statement from the Executive Director and background information on population issues, was circulated to the local and international press.

The event was covered on TVK's Khmer language news programme and in the mass media, namely Reaksmei Kampuchea and Samleung Youvachun.

Contributed by Mr. Khieu Vicheanon,
National Programme Assistant, UNFPA,
Phnom Penh, Cambodia



Peer educators of the NGO, Friends, provided an educational and musical entertainment consisting of dances and songs on the concept of HIV/AIDS prevention.



Participants in World Population Day events enjoyed art performances by peer educators of NGO partners in RHI programmes.



Youth volunteers enjoyed the quiz session on population, development and environment as well as HIV/AIDS.

Off the press: ARH Directory of China

Adolescent reproductive health activities undertaken by organisations in China are documented in a recent publication, *Inventory of Organisations Involved in Adolescent Sexual Health in China*.

The directory was compiled by Ms. Kate Mills, Country Representative of Marie Stopes International – China, with funding provided by the China Family Planning Association (CFPA).

government offices, NGOs and social organisations in China. It also documents several Chinese organisations that demonstrate a strong potential to play more active roles in this field. A profile of each organisation is provided with regard to its specific ARH activities and publications. Also made available are contact details including e-mail addresses of key persons and the website of each organisation, if any.

The directory outlines ARH activities carried out by

Contributed by Ms. Kate Mills, UNFPA, Beijing

Help is but a phone call away

More and more adolescents in India are resorting to telephone counselling to obtain advice concerning sexuality, sexual behaviour, HIV/AIDS and related topics.

Telephone counselling is one of the counselling strategies supported by UNFPA in collaboration with the University Grants Commission (UGC).

To share their experiences in telephone counselling and promote networking between educational institutions and NGOs, a national consultation was organised on 1 February among representatives from the UGC, through which 17 Population Education Resource Centres (PERCs) are providing telephone counselling, the National AIDS Control Organisation (NACO) which offers HIV/AIDS telephone counselling, the Ministry of Health and Family Welfare and NGOs.

The consultation provided evidence of the unmet need of young people for counselling. The need to improve women's access to telephone counselling services was highlighted.

The participants discussed their experiences and documented issues related to the management and quality of telephone counselling, access to it for both men and women, and the use of database in planning interventions. They proposed the following recommendations to strengthen the capacity of PERCs and other organisations in providing telephone counselling.

- A needs assessment should be done to plan and improve telephone counselling in urban/rural areas and slums.
- Publicity, including advertising, should be optimised so as to reach potential clients and ensure maximum utilisation of the service.
- Documenting best practices can help agencies to learn from one another.
- Guidelines can help new PERCs to monitor their activities more effectively.
- Linkages between PERCs and relevant NGOs should be strengthened.

- Female callers should be encouraged to avail themselves of telephone counselling.
- Research should be based on callers' feedback and on an evaluation of telephone counselling.
- Motivation of counsellors, many of whom are volunteers from the university sector, should be strengthened.
- Services should be expanded, where possible, within reasonable budgetary limits.
- Trained counsellors from the universities should be tapped to help in the school sector.

These recommendations reflect the fact that telephone counselling requires even greater skills than face-to-face counselling. Experience shows that both medical as well as non-medical persons can be effective telephone counsellors if they have the desired motivation, good training, appropriate infrastructure and institutional support.

Contributed by Ms. Mridula Seth, UNFPA
Technical Adviser, New Delhi

Status and needs of adolescent girls: a research agenda for a study in Andhra Pradesh

In India, adolescent education is gaining ground and has become an important component of the school curriculum and a significant topic for research. One such research focuses on the educational and social status of adolescent girls in the poverty-stricken district of Mahabubnagar in Andhra Pradesh and the consequent need for IEC intervention. The study has been approved by the University Grants Commission in New Delhi. It seeks to achieve the following objectives:

- (i) identification of the educational, social, health, nutritional, psychological, and emotional problems and living conditions of girls aged 10-19 years;
- (ii) measurement of the knowledge and awareness of girls aged 13-17 years concerning problems associated with adolescence and reproductive health;

- (iii) development of suitable IEC modules;
- (iv) provision of training programmes using IEC modules in non-formal settings during holidays;
- (v) measurement of the impact of IEC interventions; and
- (vi) arrangement of monitoring, counselling and interviews.

The study is being carried out in different stages. The first stage, a survey of adolescent girls from some 10,000 households in about 200 villages, touches on school status, drop-outs, child labour, menarche and marriage, and related topics. The second stage is an awareness test involving 2,000 adolescent girls (1,000 in-school and 1,000 out-of-school) concerning family planning, welfare, reproductive health, HIV/AIDS, and so on. The third stage includes training programmes and IEC



interventions targetting 1,000 girls (500 in-school and 500 out-of-school) at 40 selected centres, during holidays for a period of six months. The final stage covers feedback, interviews, counselling and monitoring of the behaviour of some 300 in-school and out-of-school girls.

*Contributed by Prof. S. Sreeshara Swamy,
President of the Society for Population
Activities, Andhra Pradesh, India*

AYSIA

Peer educators function as agents of change

Expanding its scope of reproductive health services, the National Population and Family Development Board (NPFDB) has incorporated adolescent sexual and reproductive health (ASRH) in its programme of activities.

This had led to positive changes in ASRH care, including the training of some 214 peer educators in NPFDB's Peer Educators' Project and the project's introduction in the States of Penang, Kedah and Kelantan.

The Peer Educators' Project began in January 2000 following a workshop cum training programme, Strengthening the Leadership Capability of Adolescent Reproductive Health Programme Managers and Youth Leaders in Asia. It was held in

Kuala Lumpur in 1999 and organised by the International Council on Management of Population Programme (ICOMP).

As its main objective, the Peer Educators' Project seeks to institutionalise family life education for adolescents in the Specialist Human Reproductive Centre in Kuala Lumpur, with emphasis on reproductive health and sexuality.

The project's main activities are peer educators' training, clinic-based educational programmes and outreach programmes.

Peer training activities equip participants with ASRH knowledge and skills that will enable them to function as peer educators. The training programme emphasises technical

aspects and issues pertinent to ASRH, counselling techniques and communication skills. Peer educators carry out educational activities in the peer counselling room, where various information on sexuality and healthy lifestyles are discussed. Clinic-based activities are currently being expanded, providing them bigger space and better facilities for the adolescent clients.

Different types of outreach programmes have proved to be popular and have been well received. Other activities include talks on ASRH issues, drug abuse and prevention of STDs, HIV/AIDS, as well as an ASRH exhibition and peer counselling.

*Credit: Director General, National
Population and Family Development Board*

New Millennium Campaign Against AIDS brings a bounty of benefits

The results of a two-month campaign, New Millennium Campaign Against AIDS, continue to benefit government efforts to improve awareness of AIDS/STI prevention among the Mongolian public. It has helped to increase funding for AIDS/STI prevention activities through advocacy targetted at decision makers. It has also strengthened the effectiveness of STI diagnosis and treatment.

The campaign was initiated by the National AIDS Committee under the chairmanship of H.E. Mr. N. Enkhbayar, the Prime Minister of Mongolia. It was carried out from 1 May to 15 July.

As part of the campaign efforts, an AIDS/STI Prevention Committee in the Ministry of Health was organised among representatives of the National Centre for Health Development (NCHD), the STD Reference Centre, the City Health Office, and NGOs. The Mongolian Government and international donor agencies, including WHO and UNICEF, funded a series of campaign activities.

Opening activities

Ushering the activities were a press conference on 1 May which was opened by Dr. Robert Hagan, WHO Representative, and Dr. N. Udval, Vice Minister of the Ministry of Health.



The Mongolian Government is intensifying efforts to improve awareness of AIDS/STI prevention among the Mongolian public.



The campaign was initiated by the National AIDS Committee under the chairmanship of H.E. Mr. N. Enkhbayar, the Prime Minister of Mongolia.

The Mongolian Prime Minister's speech, which was delivered at the Technical University, highlighted the importance of AIDS/STI prevention and awareness among Mongolian youth and adolescents. Major newspapers carried the Prime Minister's message.

IEC campaign

The NCHD led and coordinated the IEC campaign which received strong support and participation from NGOs working with commercial sex workers, alcoholics, and homeless teenagers. Many were encouraged to undergo voluntary testing for HIV/STI and were given free treatment. The NCHD also published reproductive health newsletters and prepared radio and TV programmes on AIDS/STI prevention for the general public and specific target groups. Other IEC activities included the distribution of IEC materials on AIDS/STI prevention and information, including booklets, brochures and leaflets, to university and secondary school students, and the playing of appropriate music on audio-cassettes in major markets and public transportation vehicles. IEC materials were also distributed to

passengers and shoppers and stall owners in the markets.

Throughout the two-month period, publicity was provided by radio and television companies.

Especially targetted IEC materials were distributed and free testing and treatment provided in areas where STDs were prevalent.

New momentum

The campaign's encouraging results have given a new momentum to government efforts, with the most notable results reflected in the popularity of voluntary testing among high risk population groups; better targetting of high risk groups by extending the daily working hours for health and counselling services and making these available on weekends; providing free treatment for those found to be STD positive following voluntary testing; increasing number of clinic visits due to pre- and post-test counselling; broader knowledge among the target population of how to minimise health risks; and mobilisation by NGOs of their internal resources and initiatives.

Contributed by Dr. Ch. Oyun, RH Officer,
National Centre for Health Development
(NCHD)

Concern rises over high incidence of unwanted pregnancies and abortions

In Mongolia, the incidence of unwanted pregnancies and abortions remains high despite legalisation of contraceptives in 1989, introduction of a family planning programme within the maternal and child health programme, and adoption of UNFPA's reproductive health (RH) approach.

A UNFPA-funded report, *Unwanted Pregnancies and Abortions in Mongolia*, provides a wide range of information and statistics collected over the past 15 years on the subject. It was authored by Dr. B. Bulgachimeg and Dr. Ch. Oyun with major contributions from Ms. Linda Demers, UNFPA Representative, and Ms. S. Navchaa, UNFPA Programme Officer. The report is part of a research paper produced by the National Centre for Health Development (NCHD) as a first step in the Ministry of Health's efforts to undertake policy and programme decisions to reduce unwanted pregnancies and abortions in Mongolia. The research paper provides a basis for a qualitative survey to be conducted in the next few months by the Ministry of Health.

Abortion levels and trends

The study analyses and defines abortion levels and trends as well as the social and economic characteristics of women who undergo abortions. It also identifies gaps in available information and offers relevant recommendations. Difficulties encountered in the course of the study reflect current setbacks to government efforts. Among these are the lack of studies on abortions and unwanted pregnancies, limited usefulness of official statistics and difficulty in processing them, unreliability of some data (e.g. miscarriages were not reported in official statistics), and inconsistencies between research findings and health statistics and in statistics on abortions from different sources.



As main reasons for abortion, many Mongolian women cite personal health, desire for few children, desire to work or continue studies, short period between child births, and poor knowledge of proper contraceptive methods.

Survey findings

According to a 1996 survey among 405 Mongolian women, the main reasons for abortion were personal health (19.9%), desire for few children (17.8%), desire to work or continue studies (11.4%), short period between child births (11.1%), and poor knowledge of proper contraceptive methods.

The 1996 Demographic Survey showed that over a third (35.9%) of women who underwent abortion did not want any more children, some wanted to have longer periods between childbirths (30.9%), others were too weak to bear another child (30.5%), and a few wanted to study (1.6%) and felt their living standards were low (1.2%).

A 1998 survey on unwanted pregnancies revealed that about 19% of Mongolian women, or one out of five, have had an unwanted pregnancy. The percentage increased with age, reaching 30% among women aged 35 to 49 compared with 5.2% among women under the age of 20. The mean age when a woman experienced unwanted pregnancy was about 28.7 years.

Unwanted pregnancies were more common among women with higher education or vocational training

(27.1%) compared to women who did not complete secondary education (12.6%). About 45% of reported unwanted pregnancies happened five or more years ago, compared to 14% in the past year.

Serving as a guide

The study serves as a guide to a UNFPA-funded on-going research on unwanted pregnancies and abortions among adolescents. Among its recommendations are improvements in data collection, adoption of measures to reduce unwanted pregnancies and abortions and their associated risks, systematic and continuous monitoring of relevant statistics, and further research on the causes and methods of abortions and the failure of contraceptives.

The study also recommends strengthening of family planning services, improving logistics and management systems to ensure timely and adequate supply of contraceptives, provision of more and improved counselling for all women (especially post-abortion counselling), and production of effective IEC materials.

Contributed by Dr. B. Bulgachimeg and Dr. Ch. Oyun, National Centre for Health Development (NCHD)

Jigyasa conveys RH message to Nepalese adolescents



Adolescent boy reading a comic story on menstruation in Jigyasa



The newsletter is used as educational tool in a youth information centre in Dang District.



Semi-literate girls reading the newsletter.

"From this newsletter, we could learn those things that we could not learn by asking our parents."

Girls, 14-16, Lalitpur

"I felt shy at the first sight of the illustration on changes during adolescence. Out of curiosity, I went to the maize field to read the newsletter in private. Once I read the whole newsletter, I liked it very much."

Boy, 17, Dang

"This is appropriate as it has illustrations. We are able to understand when someone reads this for us."

Illiterate boys, 12-16, Bungmati, Lalitpur

"It is appropriate because it gives information about the advantage of not marrying at an early age. It also gives information on abstinence, AIDS, STDs and pregnancy."

Semi-literate girls 12-16, Kirtipur

Jigyasa, a newsletter produced by the EC/UNFPA-funded Reproductive Health Initiative (RHI) in Nepal, is successfully reaching out to Nepalese adolescents, bringing them important reproductive health messages. Three issues of the newsletter were published last year. Jigyasa means curiosity in Nepali.

Both pre- and post-tests of the first issue, concerning the newsletter's layout design and editorial content, were conducted using participatory research techniques. Feedback from its adolescent readers (literate and illiterate), parents and other stakeholders in the RHI projects, including NGOs, provided the basis for improvements in subsequent issues.

By and large the newsletter has received positive reactions. It was commended by its adolescent readers for its timely provision of correct information. Parents, on the other hand, claimed that the newsletter has enhanced their understanding of health problems and the concerns of their adolescent children. Teachers said that it has helped them explain sensitive issues to their pupils.

Peer educators use the newsletter at peer group meetings and other gatherings to explain health and development problems and needs. Various organisations are known to use the newsletter in their training and awareness raising programmes.

Jigyasa contains an interesting mix of informative articles, comic stories, serialised stories and brainteasers, making it appealing to all readers. The newsletter also serves as a forum for the exchange of views regarding sexual and reproductive health and related issues.

RHI Nepal is currently exploring other resources to support the newsletter's continued publication beyond the RHI programme.

For further information, please contact the RHI Umbrella Project Office in Nepal.

E-mail: rhinepal@rhi.mos.com.np

Fax: 00977 1 535982.

Contributed by Pragya Shah and Nicolet Hutter, EC/UNFPA RHI Umbrella Project for Nepal (KIT), Kathmandu, Nepal

The view from within – an intimate look at the lives of Pakistani adolescents

Until recently, little was known about the circumstances of adolescents in Pakistan. Of late, however, fresh insights into the lives of young Pakistanis are becoming public knowledge.

A publication that is making its mark is *Adolescent Girls and Boys in Pakistan: Opportunities and Constraints in the Transition to Adulthood*, written by Ms. Valerie Durrant during her term as a Population Council Berelson Fellow. Ms. Durrant bases her analysis on data culled from earlier surveys and studies done in Pakistan. Specifically her sources are two rounds of the Pakistan Integrated Household Survey in 1991 and 1995-96. Although these surveys did not focus on adolescents, they proved to be a rich source of data about young people's living arrangements, health, education, work, marriage and childbearing.

The need to cultivate human potential

Nearly 30 million people in Pakistan are between the ages of 10 and 19 years – the largest group of adolescents in the country's history. Unfortunately, they also represent a significant loss of human potential. As Ms. Durrant points out, 45% of adolescent girls are not in school, not engaged in economically productive work, and not married. Up to 13% of boys aged 10 to 19 years are in the same predicament of "doing nothing", a situation that Ms. Durrant aptly describes as failing to engage in activities that would advance one's social position, opportunities, and connection to social institutions outside the household.

Ms. Durrant cites schooling, work and marriage as the most significant activities in which adolescents engage. These activities represent socially recognised statuses and identities (e.g., student, employee, and spouse) that

In order to create programmes for adolescents, one must know what they are doing, where to reach them best, and what they need. Finding out what young people are doing with their time is vital to planning positive and effective policies and programmes for adolescents.

confer access to such social and economic rewards as education, money, and mobility.

Ironically, however, the majority of adolescents who are "doing nothing" are in fact not idle. Many adolescent girls, for example, work long hours in the parental home. This then raises the questions: Does housework prevent girls from engaging in other activities? Do girls perform housework because there is nothing else that they are allowed to undertake?

The need to address gender disparities and gaps

Ms. Durrant's analyses have brought to light significant gender disparities between boys and girls, as well as wide gaps between rural and urban adolescents.

Up to 22% of girls aged 15 to 19 live in a household with neither parent, largely because of a change of residence associated with marriage, compared with 4% of boys of the same age group. The tendency to speak of their illness or injury is more common among adolescent girls, although the inclination to seek treatment is more typical among boys. Boys also have greater access to health information.

Adolescent marriage remains common. More than half of the women currently in their 20s were married during adolescence compared to one-fifth of the men. One-third of

adolescent girls in Pakistan become mothers before the age of 20. Girls who have illiterate mothers and who come from poor households in rural areas are likely to become wives and mothers in their teens.

Girls' schooling is hindered by the shortage of nearby schools and qualified teachers. As Ms. Durrant points out, most parents prefer single-sex schools. In public schools, girls are taught only by women. Unfortunately, absenteeism among female teachers is common because of the restricted mobility of women in Pakistan.

Rural-urban disparities are found in education and in the workload carried out by adolescents. Although a greater number of rural adolescents work, often for long hours, compensation is less likely compared with the situation of their urban counterparts.

The need to learn more

While Ms. Durrant has brought new light on the current situation of adolescents in Pakistan, she has also drawn attention to areas where information is still lacking. Her work has now paved the way for a survey initiative by researchers in the Population Council's Pakistan office. On the planning board is a survey of young people on issues central to adolescence. The new survey will be used to investigate, among other things, real-life activities of adolescents who are now seen to be "doing nothing."

She stresses that in order to create programmes for adolescents, one must know what they are doing, where to reach them best, and what their needs are. Finding out what young people are doing with their time is vital to planning positive and effective policies and programmes for adolescents, affirms Ms. Durrant.

Contributed by Ms. Valerie Durrant, Population Council

The Philippines takes a closer look at adolescents

A survey of adolescent reproductive health was conducted in the Philippines as part of the Fourth Cycle Project of the Country Programme Development entitled, *Strengthening the Management and Field Implementation of Family Planning and Reproductive Health*. The project is being implemented through the collaborative efforts of local government units and the Department of Health, with financial and technical assistance from UNFPA.

In its quantitative phase, the study determined the following: (i) knowledge, attitudes and practices of adolescents with respect to sexuality, contraception, sex education, gender issues and STDs/AIDS, (ii) prevalence of contraceptive use, drug use and risky behaviours, and (iii) incidence of teenage pregnancies, abortions and symptoms related to reproductive health. The survey sought to provide information on adolescents' access to reproductive health care services, their rate of contraception usage, and their vulnerability to risky behaviours.



The study findings revealed interesting points on adolescent ways of thinking and behaving. "Curious" adolescents are known to have engaged in sexual/risky behaviours, including smoking, alcohol consumption, and drug use. They have also been involved in sexual harassment cases. According to the survey findings, although adolescents

in general have obtained some form of sex education in their schools or from other sources, their level of knowledge is weak and requires strengthening. This draws attention to the role of family, friends and the health institutions in helping young people go through adolescence.

Survey recommendations

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| <ul style="list-style-type: none"> (i) Provision and improvement of formal health sex education especially in schools. (ii) Exposure of 10 to 11 year-old children to formal health sex education since some of them are known to have their first sexual experience at age 12. (iii) Provision of other venues for formal sex education within the community especially for out-of-school youth. (iv) Make health centres function as primary centres for learning since they are at the heart of the community. (v) Make sure that sex education classes cover physical | <ul style="list-style-type: none"> changes during adolescence and as adolescents mature, including fertility, pregnancy, contraception, reproductive health services and so on. (vi) Encourage adolescents to attend ASRH seminars with their boyfriends or girlfriends. (vii) Friends play very important roles, thus friendship as a concept should be included in IEC materials. (viii) Seminars for parents with adolescent children should be held to guide them concerning appropriate care at this critical stage. |
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Contributed by
the Department of Health, Philippines

Facilitating ARH education via FACTS

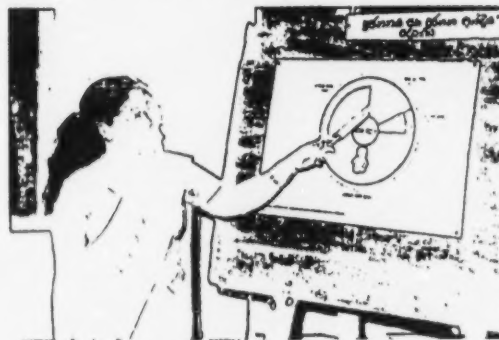
Over one million youth from eight selected districts in three developing countries are expected to have better knowledge of adolescent reproductive health (ARH) by February 2002, when FACTS, a sex education strategy, enters its third-year of operation. Other target beneficiaries are some 25,000 young men and women who would have learned about safe sex to protect themselves, their partners and their future families.

FACTS (the acronym for Facilitating Adolescent Communication and Training for Sexual Health) is supported by International Family Health (IFH) and the National Lottery Charities Board (NLCB, which was formerly known as Community Fund). Both are based in the United Kingdom. The project is being implemented by Worldview International Foundation (WIF) in three countries with WIF operations, these being Sri Lanka, Nepal and the Gambia. The target groups are 12,000 young people in Sri Lanka, 6,000 in Nepal and another 6,000 in the Gambia.

At the core of FACTS is the organisation of study circles that bring together adolescents and parents in a series of roundtable sessions that allow in-depth participatory communication and interaction processes.

Facilitating the work of FACTS

FACTS began as a pilot project in March 1999 in Gampaha District, Sri Lanka, with 80 male and female youth in the age group 18-30 undergoing training as facilitators. The group represented four youth clubs under the National Youth Services Council (NYSC) in the Sri Lankan Government.



A facilitator conducting a roundtable session on the functioning of the menstrual cycle of women.

FACTS facilitators are trained to implement the project, plan strategies to ensure gatekeeper support, develop methodologies to conduct surveys, and identify locations and target youth groups for the study circles. They canvass gatekeeper support through house visits, inviting parents to orientation meetings to discuss the need to expose adolescents to sexual and reproductive health issues as a precaution against unwanted pregnancies, STDs, HIV/AIDS and abortions.

Another primary activity is to conduct a baseline survey of families in their communities to obtain socio-economic data that are used as basis for a survey questionnaire to assess the youth's actual needs. In turn, the survey findings are used in the formulation of themes and contents for individual roundtable sessions.

The themes selected in Sri Lanka include human rights and adolescence, reproduction and reproductive system, pregnancy and abortion, family planning, STDs and HIV/AIDS, pre- and post-marital sexual relationships, youth problems and counselling, and social values and youth responsibilities.

A variety of country-specific multimedia material has been developed

as communication support tools. Among these are handouts, flip charts, videos, mapping exercises, and role-playing among the roundtable participants. The facilitators are largely responsible for developing their basic contents and formats, using information gathered through the surveys.

Lessons learned

Two workshops to discuss the effectiveness of the FACTS Project have been held, one in Sri Lanka and another in Nepal. Lessons have been learned in the design of study circles, the nature and size of each roundtable, selection of relevant literature and multi-media material, and identification of resource persons. Major improvements are now seen in the broader knowledge demonstrated by the facilitators and their improved ability to discuss sex and reproduction-related issues in the roundtables and to conduct participatory small group discussions.

Wider benefits

To benefit the more vulnerable sector of the youth, study circles have been organised in poor communities. Refresher training has been offered to resource persons who have been deployed to serve in different areas.

All in all, the FACTS Project has responded satisfactorily to young people's needs for reproductive health education. It has helped them meet crucial challenges as they approach adulthood.

*Contributed by Lal Hewapathirana,
Director, Worldview Sri Lanka*

Friend Corner reaches out to Thai adolescents

The Department of Health of Thailand has come up with an innovative approach to encourage adolescents to make greater use of available counselling and reproductive health services. The approach is embodied in "Friend Corner", a health promotion strategy that appeals readily to adolescents.

Each Friend Corner serves as a venue for adolescents to meet and exchange ideas, obtain basic information as well as counselling, health or referral services. Operated by trained and adolescent-friendly health personnel, it offers responsive strategies to tackle real-life problems of Thai adolescents.

At present, 24 provinces, including Bangkok, are participating in the Friend Corner Project.

H.E. Mrs. Sudarat Keyurapan, Minister of Public Health, presided over the Friend Corner Fair, which was held in Bangkok on 28 September. She also opened its website: www.friendcorner.net

The Fair, which was organised by the Ministry, disseminated information on the Friend Corner, especially among adolescents.

The Friend Corner Project will be evaluated in fiscal year 2002. The results will provide the basis for improvements in existing and future Friend Corners. A goal for the Ninth National Health Development Plan (2002-2006) is to increase the coverage of the project and its accessibility to adolescents in both urban and rural areas.

As part of the project's Strategic Plan for 2002-2006, voluntary/joint

implementation by different provinces will be promoted, the capabilities of health personnel will be developed so as to make them more youth-friendly service providers, adolescent participation will be further encouraged, better cooperation among local authorities and networks will be fostered, and new opportunities for the exchange of knowledge, wisdom and experience among different area networks will be created. An overall goal is to achieve a sustainable model of Friend Corner services.

*Contributed by Dr. Suwanna Warakamin,
Family Planning and Population Division,
Department of Health*



H.E. Mrs. Sudarat Keyurapan, Minister of Public Health, presided over the inauguration of the "Friend Corner Fair" in Bangkok.

Qualitative study of a Friend Corner model



Youths, moderators and notetakers are photographed after a focus group discussion in Krabi Province.

Making use of focus group discussions, research was carried out to study opinions expressed by adolescents on the effectiveness of the Friend Corner Project as an entry point for adolescent participation in the country's health service system.

The adolescents surveyed unanimously agreed on the advantages of a "centre" or "corner" that provides health services. They suggested that these facilities should be located in areas that are frequented by adolescents and are accessible by public transportation.

In other recommendations to improve the Friend Corner, they cited the need for an attractive, warm and fresh atmosphere. A variety of activities should be conducted to meet the needs of adolescents. Health providers should be friendly and should be of the same sex as the users. Available health services for adolescents should include access to information, counselling, basic health care and referrals.

*Contributed by Ms. Yupa Poonkhum and Ms. Kobkarn Mahuttano,
Family Planning and Population Division, Department of Health*

Profiling usage and users of emergency contraceptive pills in Thailand

An urgent need to disseminate more information on emergency contraceptive pills was cited by the majority of physicians participating in a study of emergency contraceptive usage among the Thai people. The study also examined the knowledge, attitude and experience of both sellers and users of emergency contraceptive pills.

The study included 103 physicians, 381 sales staff in drugstores that sell emergency contraceptive pills, and 3,250 buyers. Data collection was undertaken from 15 May to 15 June this year in 19 provinces from Thailand's four regions.

About half of all physicians agree that emergency contraceptive pills can

be prescribed not only by physicians but also by trained drugstore staff. About 72.5% agree that the use of emergency contraceptive pills would help to reduce the incidence of abortion. Up to 91.2% advised that emergency contraceptive pills should be provided, within 72 hours, to women who have been victims of rape.

Profiling the buyers of emergency contraceptive pills, the research findings show that over half are males (57%). About one-third of all buyers are between the ages of 20 and 24 years. Half of them are single, while 15% are not married but are living with their partners. About 42.7% buy emergency contraceptive pills for

their partners or lovers, while 42.6% buy these for themselves. About half (52.2%) know about the pills from friends, drugstore staff, and their partners or lovers. About 26% of the buyers are students and 24.3% are employees.

Almost all physicians (96.1%) agree that in order to promote safe use of emergency contraceptive pills, as well to boost improvements in reproductive health, family planning services in government-run facilities should be extended to both married and single women.

Contributed by Ms. Sumalee Permpangpun and Ms. Supawan Chetuwong, Family Planning and Population Division, Department of Health

VIET NAM

On the air: ARH counselling for Vietnamese adolescents

Although adolescents aged 10-19 account for 22.5% of Viet Nam's total population, their concerns, including those pertaining to sexual health problems, do not always receive proper attention. The majority of Vietnamese adolescents are known to have poor knowledge of sexual health, family planning, and STD/HIV/AIDS.

Current statistics present a disturbing scenario. About one in five women seeking abortion is a teenager. Adolescents now account for nearly 8% of all HIV cases in the country. Recent surveys show an increasing number of young people engaging in premarital sexual relations.

A four-year project, Counselling Support for the Broadcast on Adolescent Reproductive Health, hopes to rectify the situation by improving the capacity of the Youth Union, the Voice of Viet Nam, the Hanoi Broadcasting Radio, and the Voice of Ho Chi Minh City in providing counselling and education services on sexual and reproductive health for

Vietnamese adolescents. It also aims to provide direct counselling services on ARH via broadcast radio.

Signed on 22 August, the project has a total budget of 319,132 USD provided by the Danish International Development Assistance-Danida, with technical assistance from UNFPA in Viet Nam.

Window of Love

A powerful medium for the project is a radio programme known as the Window of Love. On the air for the past two years, the programme is produced by the Youth Union and the Voice of Viet Nam and funded by UNFPA. It is broadcast every Sunday from 10 a.m. to 10:30 a.m.

Particularly popular among Vietnamese adolescents, the Window of Love airs information and counselling on sexual and reproductive health and other related issues. Adolescents are welcome to telephone programme counsellors to discuss

physical and psychological problems related to puberty, reproductive rights and issues, pregnancy, STDs, HIV/AIDS, friendship, love, marriage and family, and attitude towards social issues.

Window of Love has grown in popularity since its launch. From 1999 to 2001, it transmitted 104 times and received thousands of calls and 10,000 letters. Efforts are now being carried out to expand the programme's coverage so as to meet the growing need for information and counselling on sexual and reproductive health among Vietnamese adolescents and other age groups.

As complementary improvement measures, the Youth Union is seeking to obtain further training in counselling skills for programme counsellors and equipping them with up-to-date knowledge of sexual and reproductive health.

Credit: UNFPA, Hanoi, Population Research Consultants (POPCON)

An adolescent's window to the world

In a real sense, Window of Love has become a window to the world for many young people in Viet Nam. As early as a year after its launch, the Window of Love began showing signs of success, according to a survey of seven provinces/cities. The respondents cited it as an important source of knowledge that aims to make positive changes in their reproductive health attitude and behaviour. In particular residents in rural areas, where knowledge of reproductive health is poor, have benefited tremendously.

A vital element has been the development of trust between the target audience and the programme's psychologists and doctors. However, there is still room to improve the programme's management, production, and administration and make Window of Love an even more powerful medium.

Some salient recommendations

- | | |
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| <ul style="list-style-type: none"> ♦ Integrate Window of Love into other RH programmes. ♦ Intensify advertising to increase public awareness. ♦ Encourage support of agencies engaged in RH activities. ♦ Select contents that truly meet ARH needs and maintain well balanced presentation of the real meaning of love and friendship, alongside lessons on human physiology particularly in relation to safe sex. ♦ Handle sensitive questions properly and classify them between those that can be answered on air and those that require confidentiality. ♦ Emphasise both educational and psychological contents and stress counselling that is | <ul style="list-style-type: none"> oriented towards RH service delivery. ♦ Conduct relevant training on a continuing basis for the programme's organisers. ♦ Upgrade equipment and facilities to enhance cooperation with the Voice of Viet Nam and facilitate extension of the programme's coverage. ♦ Explore the provision of a toll-free number for listeners, thus enhancing cooperation between the Voice of Viet Nam and the General Post Services. ♦ Develop a management information system (MIS) to ease the programme's management and to provide the government and donors a wealth of information on the real needs for improving ARH knowledge. |
|--|--|

Developing youth-targeted IEC materials on ARH and HIV/AIDS

IEC materials on ARH and HIV/AIDS produced by the Youth Union, with funding support from the Government and international organisations, have greatly improved young people's understanding of reproductive health and HIV/AIDS. However, there remains a need to integrate communication and education and current IEC materials on HIV/AIDS.

At a workshop entitled, 'Developing IEC Materials on ARH and HIV/AIDS Prevention for Youth at Community, Ms. Paulina Denise Howfield, a communication specialist with Family Planning Australia Inc. (FPA), discussed methods and skills for developing IEC materials with reference to FPA materials and video tapes. Working on themes and



Signing ceremony of the project, Establishing Life Skills Teams: Education about Adolescent Reproductive Health and HIV/AIDS Prevention Among Youth.

types of materials appropriate for the youth, she guided the participants in developing messages and slogans for each theme and exposed them to skills needed in material development, target audience identification, and the composition of key messages.

The workshop was held on 19-20 June by the Population-Environment-Education Centre of the Youth Union in collaboration with FPA and Population Development International. The workshop was held as an activity under the project, Establishing Life Skills Teams: Education about ARH and HIV/AIDS Prevention Among the Youth.

Exchanging experiences in ARH education

A seven-member delegation from Laos visited Viet Nam on 5-12 August to exchange experiences in ARH education with key government offices and organisations and to discuss models for communication activities to raise ARH awareness.

The delegation visited the Youth Union, the National Committee for Population and Family Planning (NCPFP) to discuss the national population strategy, the National AIDS Committee and the Viet Nam Family Planning Association to discuss its role in adolescent education and communication activities.

Study tours of reproductive health centres for the youth in Hanoi and Quang Ninh exposed the delegation to RH services provided to young persons and intervention ARH models at the community level. The delegation was briefed on UNFPA's support to the country's ARH education programme.



Nicaraguan youth learn from one another

Through youth participation, a community health programme run by Health Unlimited in Siuna, Nicaragua, has created greater health awareness among young people and given them wider access to health education.

Known as the Youth Health Promoters (YHP) Programme, it has improved the delivery of sexual health care and education to adolescents and young adults in Siuna.

The story goes back to YHP's inception in 1993 in the municipality of Siuna, an event that coincided with the first phase of the Siuna Community Health Project. A workplan, based on the UNESCO/WHO curriculum for Mother and Child Health and Primary Health Care, facilitated the programme's implementation in 1998. Training facilities were established and students and schools participating in the YHP were chosen from selected project areas in 20 new communities.

Because of Siuna's poor infrastructure and lack of essential services, such as clean water, health care and education, community self-help has always been regarded as a central factor in the area's development. Siuna has

an area of 6,000 sq. km. in the forested hills of the northern border of Nicaragua and a population of 64,000, 94% of whom depend on subsistence farming. The collapse of the mining industry in the late 1970s and the ensuing civil war left the region economically and socially devastated.

Training of YHP participants covered such topics as gender equality, sexual reproductive health and family planning. Issues that were traditionally considered taboo, including STIs and sexual abuse, were included in the curriculum. The results of the YHP training are reflected in the students' overall school examination scores.

In Siuna, radio shows are a popular form of entertainment. They also serve as an effective means to reach young people and address their sexual health concerns. To target rural families, YHP staff members have produced a radio programme *Promoviendo la Salud* (Promoting Health).

To find out more about the Youth Health Promoters Programme, visit www.healthunlimited.org/newsroom/features/yhp_jun01.html

Credit to Livvy Fernandes, Publicity Assistant, Health Unlimited, London

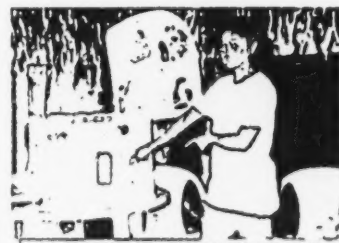
A day in the life of Yelba

Yelba, 16 and a trained YHP for the past two and a half years, is in her fourth year at the Roger Lopez Secondary State Institute, one of two secondary schools in the municipality.

Her family moved to Siuna town at the height of the Contra War. During that time, they lived off their land; however, constant attacks by the Contra Army forced them to leave.

An optimist, Yelba is quick to see the sunny side of life. "Although I was born in the town, I consider myself a rural girl. Because of the war, my grandfather, a landowner, was forced to send me and my family to Siuna town. He stayed behind but was unable to continue farming and had to rely on us for his food."

Yelba feels that the YHP training has been crucial to her development. When she joined YHP, Yelba was interested to know more about topics that no one ever spoke about, like sexual and reproductive health. "Before my training, I had no idea what equality between men and women meant. I felt ashamed to discuss sexual issues. Now, I can address large audiences, although I still feel a little bit awkward at times. But my peer students really respect me for what I know. I feel proud to have helped bring about positive changes in my peers' attitudes to safe sex and in their respect for their partners." By providing advice and counselling, Yelba has made her peers more self-confident and has helped them to "discover and understand the different stages of life".



Adds Yelba, "My mother and father are proud to hear me on the radio. I would like to be a journalist one day and so I take the radio programme that I am working for very seriously."

Yelba makes very productive use of her training to produce radio programmes that incorporate sounds from natural surroundings, like the sounds of birds and animals, water, rain and the wind.

Indeed, Yelba is one happy YHP.

New insights into promoting young people's sexual and reproductive health

An internal policy paper, released in August 2001 by the Ministry of Youth Affairs of New Zealand, offers insights into a new sexual and reproductive health strategy that has been developed by the Ministry of Health. The strategy responds to the needs of Maoris, the Pacific peoples and all young people, and addresses the issues of sexual abuse, STIs, HIV/AIDS, and unintended pregnancy. Over the past five years, the age group 20-25 has accounted for the highest incidence of abortions and STIs. In 1999, over 60 per cent of all diagnosed cases of gonorrhoea, chlamydia and genital warts were among people under 25 years of age.

Attention is now also being called to other issues that impact on young people's sexuality. These include the strong likelihood that most women who had sex at a young age were victims of forced sex and the common belief that homosexuality is linked to the incidence of youth suicide.

Positive and holistic youth development

A positive and holistic approach to the development of young people equips them with skills and attitudes that encourage their active participation in society now and in the future, particularly in matters that affect their well-being.

Developing skills, feeling valued and having hopes for the future are integral to young people's social, emotional and spiritual development. As members of society, they need to be in possession of a stable identity

and to have a sense of control over their lives.

Positive youth development occurs in four interconnected social environments: family, ethnic and geographic communities, schools and workplaces, and peer groups.

Youth development programmes take many forms and offer a wide range of opportunities and support systems. In many cases, they enhance the capacity of families, schools, peers, employers and other community groups to support young people and maintain connections with them.

Four interconnected social environments

Family

The family exerts the greatest influence on young people. Parents and guardians provide most of the support, encouragement and guidance that young people need. It is very important that they take an active role in helping their children to develop positive attitudes towards sexual and reproductive health.

Figure 1: Positive youth development – a young person who is connected

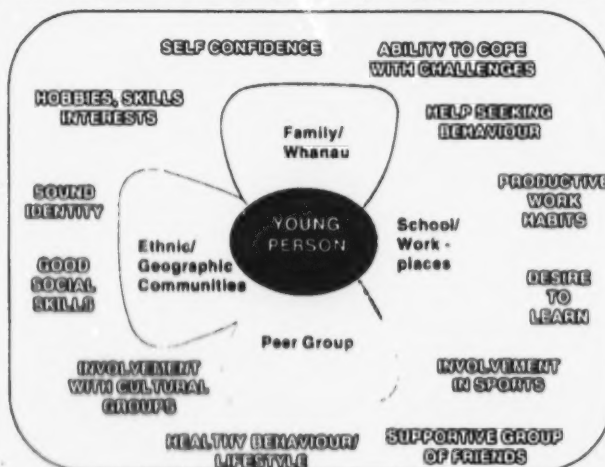
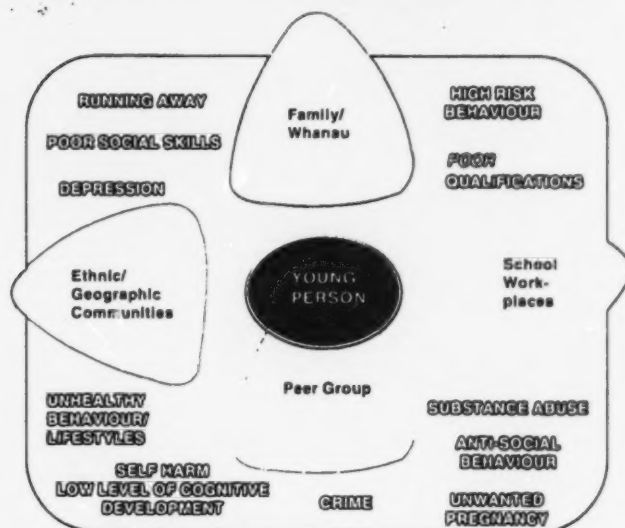


Figure 2: Disconnected, young people may develop negative behaviours that are often dangerous and disruptive



Schools and workplaces

Schools provide a warm and safe environment, set high standards for the students, respond positively to their learning needs, and present opportunities that encourage respect for other cultures. Schools should be well integrated with the community and well-linked with local employers to secure job opportunities for their graduates.

Workplaces motivate young workers to learn new skills, form new social connections, and so on.

Community

The community offers opportunities for young people to socialise, be of service, maintain cultural practices, and strengthen their identity by mixing with others, supporting families and participating in recreational and spiritual activities.

Peer groups

Peer groups provide young people with friendships, role models, support and feedback. They create opportunities that test a young person's decision-making skills. Peer groups assume an important

dimension for young people with poor connections with their social environments.

Youth development approach to promote sexual and reproductive health

A youth development approach to sexual and reproductive health is seen to be effective and relevant to present-day needs. It helps young people to develop life skills that address the causes, not just the symptoms, of their problems. This enables them to recognise that teen pregnancy, STIs and drug/alcohol abuse and related problem are perhaps symptoms of young persons' 'disconnectedness' to their social environments.

Sexuality

An ideal sexual and reproductive health strategy incorporates the four interconnected social environments, uses multiple and coordinated initiatives and offers opportunities for young people to participate in identifying their own needs (alongside appropriate support and interventions) and in managing, monitoring and evaluating relevant initiatives.

The role of parents

Very often parents' own experience of growing up are not similar to those of their children and may therefore constrain the parents' awareness and understanding of young people's needs. Ideally, parents should have access to relevant and factual information that would guide them in handling problems faced by their children and by young people in general.

The sexuality curriculum in New Zealand schools enables parents to participate in their children's sex education. One way of doing this is by assigning homework that are designed to increase the parents' understanding of their children's problems, initiate and encourage open communications in the family about sex and sexuality, and increase the parents' ability to discourage their children from negative behaviour.

Parent-child communication that is open and comfortable motivates the children to discuss sexuality and sex risks with their partners and reduces pressure to conform with their peers on sex and sexuality matters. However, communication is less effective when parents lack the skill or knowledge to talk to their children and are unable to find an appropriate time and place for parent-child communication. Some parents may feel embarrassed and afraid that they would not be taken seriously and that they would not have the right answers to their children's questions.

Community

It is important that cultural protocols are respected as ethnic/cultural backgrounds are associated with the importance that young people attach to the role of the community.

The community needs to provide as many positive opportunities as possible so that young people can develop the skills that they need to participate actively in society. These include appropriate and accessible

services offered by community groups to young people. Church groups and service providers are particularly helpful in guiding and supporting parents, families and schools, as well as in involving young people in the development and monitoring of community activities.

Schools and workplaces

Young people need to be involved in planning the curriculum and identifying their needs for information and skill development. A programme that takes young people's views into account is likely to be more effective in making young people feel valued and more connected to their school.

Gender impacts on young people's needs. The needs of young women differ from those of young men who are expected to be less emotional, to be more knowledgeable about sex, and to have engaged in early sex to prove their heterosexuality.

In some instances, separate classes for young men and young women are encouraged so that sensitive issues can be addressed better. In some cases it may be appropriate to have female students taught by female teachers and male students by male teachers.

Support for teachers

Teaching sexuality education is a critical role for teachers and not an extra chore that no one else wants to undertake. Teachers who are selected as providers of sexuality education should have appropriate skills and resources. Their training should cover the content and implementation of a sexuality education programme, as well as their own values, morals and experiences and how these may impact on providing sexuality education.

Common concerns that have setback sexuality education should be addressed. These include the lack of resources, difficulties in implementing the new curriculum, and lack of

Factors that affect the effectiveness of sexuality education

- ⇒ selection of teachers or peers who believe in the sexuality education programme and in their training
- ⇒ clarity of focus on reducing one or more negative sexual behaviours that lead to unintended pregnancy or HIV/STIs
- ⇒ inclusion of behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience, and cultural background of the students
- ⇒ application of effective theoretical approaches that could influence health-related risky behaviours
- ⇒ provision of a sufficient time frame to complete important activities adequately
- ⇒ access to basic and accurate information about the risks and prevention of unprotected sexual intercourse, and
- ⇒ inclusion of activities that address social pressures on sexual behaviours.

confidence in their ability to deliver sexuality education.

Peers

Two new approaches involving peer supporters and peer educators have been used to impart knowledge and skills.

Peer supporters are young people who are trained to provide information on contraception, STIs, sexual orientation, and related topics, and to facilitate access to agencies that offer specialised help. Peer groups also hold formal talks and serve as referrals for individuals or groups seeking information.

Peer educators, usually in their late teens or early twenties, are trained to run more formal educational programmes. Some of them work in their assigned schools on a regular basis.

Achieving a balance

A debatable issue concerns the age at which sexuality education begins and ends. The predominant belief is that early reproductive health and sex education, covering contraception, safe sex and strategies for delaying sex, are young people's best preparation for making informed decisions. Some young people are known to have engaged in sex without any knowledge or reliable information about the consequences of sexual intercourse.

Special strategies to reach out-of-school youth should be devised and implemented. Some of them may have the greatest need for access to factual information and community services and maybe the most at risk. Where appropriate, strategies for reconnecting young people to schools should be seriously considered.

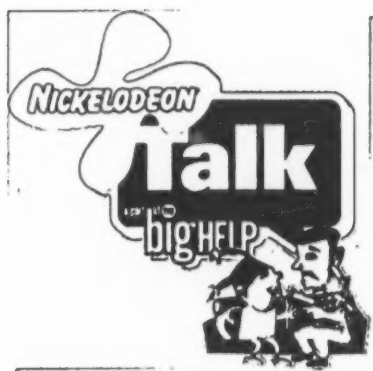
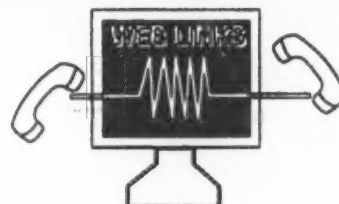
Specialist youth services

Specialist youth health services offer distinct advantages in the provision of assistance and information and may come in the form of:

School-based clinics that provide reproductive health services combined with multi-component interventions, including education and counselling.

One-stop shops that provide a wide range of services under one roof. Typically, young people who have problems concerning sexual and reproductive health will also need help in related areas, including emotional stress and mental health issues.

Credit: Ministry of Youth Affairs, New Zealand



**Nickelodeon and
Talking with Kids**

http://www.nick.com/all_nick/everything_nick/kaiser/index.html
c/o Kaiser Family Foundation
2400 Sand Hill Road, Menlo Park,
CA 94025 USA
or Nickelodeon, P.O. Box 929,
New York, NY 10108 USA
Toll free hotline: 1-800-CHILD 44

Nickelodeon and Talking with Kids, an on-going campaign of the Kaiser Family Foundation and Children Now, have teamed up to offer suggestions to help parents and children talk together about tough issues, including i) sex and puberty, ii) violence, iii) tobacco, alcohol and drugs, and iv) respect. The practical suggestions are based on consultations with parent-child communication experts, research, and conversations with parents and children.

Talking "sex" with a fourth grader is different from talking "sex" with teenagers. Some parents feel uncomfortable when talking about sex with children who are of the opposite gender. There are ways to make it easier. A single mother of a son can turn to books for help or ask her doctor for advice. To start talking about HIV/AIDS, find out what children know about the illness and make sure that they feel safe and know the facts.

Violence in neighborhoods and even in schools can be overwhelming. Show the children that they do not have to face

their fears alone and that talking can offer an emotional release.

It is never too soon to begin talking to children about drugs, alcohol, and tobacco. Parents who use alcohol or smoke should be prepared to explain the difference between an adult responsibly using alcohol versus abusing alcohol.

Children who feel respected from an early age are more likely to give respect in return. Emphasise the importance of being respectful and giving respect, regardless of race, religion, age, or any other characteristic. Parents should be good role models for respectful behaviour.

Kaiser Family Foundation is an independent, national health philanthropy providing information and analysis on health issues to policymakers, the media, and the general public. Children Now, a non-partisan, independent voice for American children, uses innovative research and communication strategies and promotes pioneering solutions to problems facing children.

**Meeting the Needs of Young Clients:
A Guide to Providing Reproductive
Health Services to Adolescents**

<http://www.fhi.org/en/gen/contact.html>
c/o Family Health International
P.O. Box 13950
Research Triangle Park
NC 27709 USA
Tel: (919) 544-7040
Fax: (919) 544-7261
E-mail: services@fhi.org



prevention of STIs. This handbook stresses that all contraceptive methods are medically safe for adolescents, although some may be more appropriate for them than others, that reproductive health is a lifelong process, that young people view sexual issues in the context of the larger social, cultural and economic climate, and that AIDS is a real threat to young people.

There are two sections. Section I provides background information on adolescents' needs and technical information on contraception, STIs and HIV/AIDS. Section II focuses on service delivery, particularly counselling.

The chapters in Section I are as follows: 1 Adolescents: An Underserved Population; 2 Barriers to Good Reproductive Health Care; 3 Preventing Pregnancy; 4 Preventing Sexually Transmitted Infections; 5 Preventing HIV/AIDS.

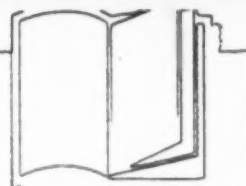
Section II begins with Chapter 6 Counselling Young People about Reproductive Health; followed by 7 Counselling Victims of Sexual Violence or Coercion; 8 Youth-friendly Programmes; 9 Creating a Referral Network.

Questions to help health care providers and programme managers are provided at the end of each chapter.

This handbook will help service providers and health workers strengthen adolescent reproductive health care and services, focusing on prevention of unplanned pregnancies and STIs. It can also be used as a tool for designing, improving and implementing adolescent health programmes by health workers, workers in relevant NGOs, programme managers and planners, and health educators who work with youth.

Emphasis is placed on the right of adolescents to accurate reproductive health information and quality services and their capability to make informed choices about contraception and

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CREDITS:

Regional News:

Parliamentarians express unanimous support for women's rights: Asian Forum of Parliamentarians on Population and Development (AFPPD) and UNFPA Country Technical Services Team; **ASRH model strategies to be put to the test:** Mr. Francisco H. Roque, Specialist in Adolescent Reproductive Health and Education, UNFPA CST for East and South-East Asia; **Innovative approaches to sex education:** The Institute for Population and Social Research (IPSR), Mahidol University, Salaya, Nakhon Pathom; **Satisfying ASRH needs through existing and future reproductive health services:** Mr. Francisco H. Roque, Specialist in Adolescent Reproductive Health and Education, UNFPA Country Support Team for East and South-East Asia, and Mr. Bhakta B. Gubhaju, Population Affairs Officer, ESCAP Population and Rural and Urban Development Division (PRUDD).

National News:

Cambodia: Report compiled by Mr. Khieu Vicheanon, National Programme Assistant, UNFPA, Phnom Penh, Cambodia; **China:** Ms. Kate Mills, UNFPA, Beijing; **India:** Ms. Mridula Seth, UNFPA Technical Adviser; Prof. S. Sreehara Swamy, President of the Society for Population Activities, Andhra Pradesh, India; **Mongolia:** Dr. B. Bulgachimeg and Dr. Ch. Oyun, National Centre for Health Development (NCHD); **Malaysia:** Director General, National Population and Family Development Board (NPFDB); **Nepal:** Pragya Shah and Nicolet Hutter, EC/UNFPA RHI Umbrella Project for Nepal (KIT), Kathmandu, Nepal; **Pakistan:** Ms. Valerie Durrant, Population Council; **Philippines:** the Department of Health (Philippines), with financial support from UNFPA; **Sri Lanka:** Lal Hewapathirana, Director, Worldview, Sri Lanka; **Thailand:** Ms. Sumalee Permpangpun, Ms. Supawan Chetuwong, Dr. Suwanna Warakamin, Ms. Yupa Poonkhum and Ms. Kobkarn Mahuttano, Family Planning and Population Division, Department of Health; **Vietnam:** UNFPA, Hanoi, Population Research Consultants (POPCON).

Across the Globe:

Nicaragua text by: Livvy Fernandes, Publicity Assistant, Health Unlimited, London, United Kingdom.

Best Practice:

Ministry of Youth Affairs, New Zealand.

We welcome your comments, suggestions and contributions. Please address your correspondence to the Regional Clearing House on Population Education and Communication (RECHPEC), UNESCO Bangkok, P.O. Box 967, Phrakong Post Office, Bangkok 10110, Thailand.

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